



LASSEN COUNTY

Health and Social Services Department

- ☐ **HSS Administration**
1345 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8128
- ☐ **Public Guardian/Administrator**
1345 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8337
- ☐ **Housing & Grants**
1445 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8309
- ☐ **Behavioral Health**
555 Hospital Lane
Susanville, CA 96130
(530) 251 - 8108
- ☒ **Public Health**
1445 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8183
- ☐ **Community Social Services**
1400 Chestnut Street, Ste A
Susanville, CA 96130
- LassenWORKS**
1616 Chestnut Street
Susanville, CA 96130
(530) 251 - 8152
- Child & Family Services**
1600 Chestnut Street
Susanville, CA 96130
(530) 251 - 8277
- Adult Services**
1400 Chestnut Street, Ste B
Susanville, CA 96130
(530) 251 - 8158
- Family Solutions/Wraparound**
1400 Chestnut Street, Ste C
Susanville, California 96130
(530) 251 - 8340

Mailing Address:
PO Box 1180
Susanville, California 96130

Date: July 21, 2026

To: Gary Bridges, Chairman
Lassen County Board of Supervisors

From: Natalie Ruegger, Director
Lassen County Public Health

Subject:

Lassen County Public Health has been awarded \$1,255,185 by the California Department of Public Health through the California Home Visiting Program Request for Applications. The funding will support implementation of the California Home Visiting Program, which provides evidence-based home visiting services to eligible individuals and families with young children to improve maternal and child health outcomes.

Background:

The California Home Visiting Program provides evidence-based home visiting services to eligible individuals and families with young children to improve maternal and child health outcomes. The program offers voluntary, family-centered services that promote healthy pregnancies, positive parenting practices, child development, and family well-being. Home visiting services connect families with education, resources, and support during pregnancy and early childhood, helping to improve health outcomes and strengthen protective factors that contribute to long-term success for children and families.

Acceptance of this funding will allow Lassen County Public Health to implement the California Home Visiting Program, expand access to these critical services, improve health equity, and support healthy child development throughout Lassen County.

Fiscal Impact:

The grant funding in the amount of \$1,255,185 for fiscal years 2026/2027 \$418,395; 2027/2028 \$418,395 and 2028/2029 \$418,395 will be deposited into Public Health Fund/Budget 110/0731.

Action Requested:

1) Approve the grant agreement with the California Department of Public Health and 2) authorize the County Administrative Officer to execute the grant agreement.

Agency Information Form

Agreement Period: July 1, 2026 – June 30, 2029

Agencies are required to submit an updated signed copy (wet or electronic signature) of this form to begin each agreement period.

An Agency information is required for each program. There are different options to complete the Agency Information Form depending on the needs of your LHJ:

Option 1 – Use AIF Option 1 to enter all contact information and check boxes for each applicable program. *Ideal for agencies whose staff overlaps across programs.*

Option 2 – Use AIF Option 2 to enter all contact information separated by program. *Ideal for agencies with larger staffing needs that vary across programs.*

For any staff changes beyond the initial submission, agencies are required to submit an updated Agency Information Form as changes occur during the fiscal year. Any updates must be submitted to your [assigned Contract Liaison](#) as soon as possible.

Any program-related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

Agency Identification Information

Official Agency Name Lassen County Public Health

Program (select all that apply)

☐ AFLP	☐ BIH	☒ CHVP	☐ MCAH	☐ PEI
		☒ EBHV		
		☐ INNV		
		☐ MIECHV		

Federal Employer ID#(FEIN): 94-6000-517

Fi\$Cal ID#: 11821

Unique Entity Identifier (UEI)#: DP56XRN2KGY4

Business Office Address: 1345 Paul Bunyan Road, Suite B. Susanville, CA 96130

Agency Phone: (530) 251-8183

Agency Fax: (530) 251-2668

Agency Website: www.lassencounty.org

Agency Remittance Address (please include ATTN: Name/ Department) *:

ATTN: Larrisa Raymond/Fiscal

PO Box 1180

Susanville, CA 96130

Submit**GOVERNMENT AGENCY TAXPAYER ID FORM**

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name Lassen County Public Health

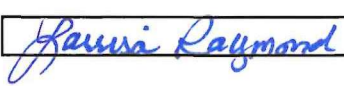
Remit-To Address (Street or PO Box) PO Box 1180

City: Susanville State: CA Zip Code+4: 96130

Government Type: ☐ City ☒ County Federal Employer Identification Number (FEIN) 94-6000-517
☐ Special District ☐ Federal
☐ Other (Specify)

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI\$Cal ID# (if known)		Dept/Division/Unit Name		Complete Address	
FI\$Cal ID# (if known)		Dept/Division/Unit Name		Complete Address	
FI\$Cal ID# (if known)		Dept/Division/Unit Name		Complete Address	
FI\$Cal ID# (if known)		Dept/Division/Unit Name		Complete Address	

Contact Person Larrisa Raymond Title Fiscal Supervisor
Phone number 530-251-2655 E-mail address lraymond@co.lassen.ca.us
Signature  Date 06/09/2026

Duty Statement

Agreement: 202618 EBHV **Agreement Term:** 2026-2029

Official Agency Name: Lassen County Public Health

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: CHVP Manager **Budget Line#(s):** 3

Reports directly to: MCAH Director **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

The California Home Visiting Program (CHVP) Manager ensures the successful implementation of home visiting by overseeing home visiting staff, providing consistent, reflective supervision providing necessary training and ensuring services reflect the goals reflected through the PAT (Parents as Teachers) curriculum.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☐ This position meets criteria for SPMP
	☐ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☒ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☐ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☐ Assisting members on Medi-Cal to access Medi-Cal services.
	☒ FFP Objectives: N/A

Activities to be performed:

Oversees and receives regular reporting from CHVP Coordinator.

Organizes regular in-house staff training to CHVP Coordinator, Home Visitor and Program Assistant.

Implement strengths-based home visiting through the PAT curriculum.

Develops short- and long-term goals, operating plans, policies and objectives that will align with core Public Health values.

AFA Duty Statement Cont.

Assess service delivery to communicate findings to upper management, implement changes to improve efficiency and service quality, maximize effectiveness of program operations, and ensure alignment with the agency's mission.

Drives innovative program planning to stay abreast of best practices and demonstrates these practices to the agency.

Implements CHVP Policies and Procedures.

Dedicates a minimum of 4 hours per week to PAT duties.

Participates in an advisory committee that meets at least once every six months (this can be part of a larger committee, community network, or coalition).

Provides 2 hours reflective supervision per FTE monthly.

Facilitates 2 hours of staff meetings monthly to support high-quality services to families.

Receive regular reflective supervision from the Public Health Director per Lassen County Public Health standards.

Ensure that information regarding department services and policies is provided accurately and thoroughly to external parties, and that all complaints are responded to appropriately and in a timely manner.

Serve as an external technical expert by providing consultation regarding program, legal, or policy matters to external entities such as County department managers or administrators, State departments, Board of Supervisors, advisory boards, and advocacy groups.

Assist in development of the budget for assignment programs by preparing cost estimates and projections, and performing ongoing monitoring of expenditures to ensure compliance with budget provisions.

Assists in outreach opportunities when available.

Perform other duties as assigned.

Duty Statement

Agreement: 202618 EBHV **Agreement Term:** 2026-2029

Official Agency Name: Lassen County Public Health

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: Home Visitor **Budget Line#(s):** 5,6

Reports directly to: CHVP Manager **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

The Parents as Teachers Home Visitor provides family-centered services to support parents as their child's first and most influential teacher. Through personal home visits, developmental screenings, group connections, and resource referrals, the Home Visitor promotes healthy child development, school readiness, and positive parent-child interactions while adhering to the Parents as Teachers model and CHVP standards.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☐ This position meets criteria for SPMP
	☐ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☒ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☐ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☐ Assisting members on Medi-Cal to access Medi-Cal services.
	☒ FFP Objectives: N/A

Activities to be performed:

Conduct regular personal home visits with enrolled families following the Parents as Teachers model.

Maintain a caseload of between 10-20 high-risk families and provides regularly scheduled visits as outlined in the risk level recommendations.

Build trusting, respectful relationships with families from diverse cultural and socioeconomic backgrounds.

Support parents in understanding child growth, development, and age-appropriate expectations.

AFA Duty Statement Cont.

Facilitate parent-child activities that promote learning, attachment, and healthy development.

Encourage positive parenting practices and family well-being.

Administer developmental, health, hearing, vision, and social-emotional screenings according to PAT requirements.

Observe and assess children's developmental progress and discuss results with parents.

Identify developmental concerns and collaborate with families to access appropriate services and supports.

Monitor and document child and family outcomes.

Assist families in identifying strengths, needs, and goals.

Provide information about community resources and make referrals to health, educational, and social service agencies.

Follow up on referrals to ensure families receive needed services.

Support families in accessing resources that promote self-sufficiency and family stability.

Plan and facilitate parent education activities, group meetings, and family engagement events.

Encourage family participation in CHVP activities and community events.

Promote peer support and networking opportunities among participating families.

Maintain accurate, timely, and confidential records of visits, screenings, assessments, referrals, and family contacts.

Enter required data into program databases and reporting systems.

Ensure compliance with Parents as Teachers standards, agency policies, grant requirements, and confidentiality regulations.

Participate in 1 hour bi-weekly of reflective supervision per FTE with CHVP Manager.

Attend required Parents as Teachers training and professional development activities.

Participate in staff meetings, case reviews, and supervisory conferences.

Collaborate with schools, healthcare providers, community agencies, and other stakeholders to

AFA Duty Statement Cont.

support families.

Duty Statement

Agreement: 202618 EBHV **Agreement Term:** 2026-2029

Official Agency Name: Lassen County Public Health

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: Public Health Director **Budget Line#(s):** 1

Reports directly to: Health and Social Services
Director **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

The Public Health Director oversees the Parents as Teachers (PAT) home visiting program and is responsible for leadership, CHVP administration, quality assurance, community partnerships, and compliance with CHVP funding and public health requirements.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☐ This position meets criteria for SPMP
	☐ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☒ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☐ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☐ Assisting members on Medi-Cal to access Medi-Cal services.
	☒ FFP Objectives: N/A

Activities to be performed:

Provide overall direction and oversight of the Parents as Teachers home visiting program.

Develop program goals, policies, and strategic plans that align with organizational and community health priorities.

Supervise program staff, including supervisors, program coordinator, home visitors, and support personnel.

Promote a positive, family-centered, and culturally responsive service environment.

AFA Duty Statement Cont.

Ensure implementation of the Parents as Teachers model with fidelity.

Recruit and evaluate program staff.

Ensure staff maintain required certifications and professional development requirements and organizational policies.

Prepare for audits, reviews and accreditation activities as required.

Use data to evaluate CHVP effectiveness and identify opportunities for improvement.

Prepare necessary reports for governing boards and stakeholders.

Advocate for policies and programs that strengthen maternal and child health outcomes.

Review, approve, and sign off on program documents, reports, policies, contracts, grant submissions, and compliance-related materials.

Provide final authorization for official program documentation and ensure accuracy, completeness, and adherence to organizational, regulatory, and funding requirements.

Serve as the designated authority for approval of program records, performance reports, budgets, and other administrative documents.

California Department of Public Health (CDPH)
Maternal, Child and Adolescent Health (MCAH) Division
California Home Visiting Program
State General Fund (SGF) Evidence-Based Home Visiting (EBHV)
Scope of Work
July 1, 2026 – June 30, 2029

The purpose of this scope of work (SOW) is to provide guidance and outline requirements for implementing early childhood home visiting services in the California Department of Public Health/California Home Visiting Program (CDPH/CHVP) funded by California State General Funds (SGF). CHVP SGF-funded local health jurisdictions (LHJs) may implement Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Family Connects International (FCI), and/or Home Instruction for Parents of Preschool Youngsters (HIPPY) evidence-based home visiting (EBHV) programs with fidelity to the model and in accordance with State requirements to achieve positive outcomes. The SOW includes the following goals:

1. Provide leadership and structure to implement CHVP in funded LHJ
2. Integrate the home visiting program into the local early childhood system
3. Collect, enter, and report on all required participant data
4. Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities

Note: LHJs may spend up to 20% of the SGF EBHV allocation on Special Support Activities, as outlined in Goal 4.

Goals, Objectives, Activities, and Deliverables for July 1, 2026 – June 30, 2029

Goal 1: Provide leadership and structure to implement CHVP in funded LHJ			
#	Objective	Activities	Deliverables
1.1	The LHJ Maternal, Child, and Adolescent Health (MCAH) Director or designee will provide effective leadership and oversight of CHVP ¹	(a) Provide leadership and oversight on all matters related to the development, implementation, operation, administration, and reporting for local implementation of home visiting programs following CDPH/CHVP policies and procedures (P&P) and EBHV model requirements (b) Attend quarterly CHVP Director calls (c) Participate in ongoing Community Advisory Board (CAB) Meetings, other local community groups, site visits, meetings, and conferences as directed by CDPH/CHVP	Submission of: - Progress Reports - CAB meeting materials - Staffing Reports Participation in: - Quarterly CHVP Director calls - Virtual and/or in-person site visits ²
1.2	The LHJ will implement home visiting services using culturally responsive practices to ensure that all interactions, interventions, and service deliveries effectively meet the diverse needs of the communities served	(a) Review the MCAH Title V Needs Assessment to determine the community's equity needs (b) Participate in opportunities designed to enhance cultural sensitivity through webinars, training, and/or conferences (c) Provide culturally responsive services that address the identified cultural needs of families (e.g., literacy levels, disabilities, military families, grandparents, tradition, etc.) (d) Provide documents in the family's preferred language, when feasible	Submission of: - Progress Reports - Staffing Reports - Staff training logs - Collect and submit Priority Population Data (NFP only)

Goal 1: Provide leadership and structure to implement CHVP in funded LHJ			
#	Objective	Activities	Deliverables
		(e) Provide translation services when needed (f) Documents should be written no higher than an eighth grade reading level and use plain language (g) Recruit and hire staff that reflect the community served and/or speak the language of program participants, when possible	
1.3	The LHJ will hire, train, and retain staff to comply with selected home visiting model requirements and CDPH/CHVP P&Ps	(a) Participate in model required training related to screening tools, health assessments, reflective supervision, data collection tools, and software (b) Maintain full staffing capacity to serve families in the home visiting program and adhere to model requirements (c) All staff will sign a confidentiality agreement at the time of hire and annually thereafter (d) All staff directly serving families will complete mandated reporter training annually and comply with all mandated reporter requirements	Submission of: - Progress Reports - Staffing Reports - Training plans - Training logs - Confirmation of a signed county confidentiality agreement for each applicable staff member - Confirmation of completion of annual mandated reporter training as documented in the training log
1.4	The LHJ will ensure the home visiting program reaches and maintains contracted caseload capacity (CC)	(a) Develop and sustain relationships with appropriate agencies to obtain home visiting participant referrals	Submission of: - Progress Reports - Outreach activity logs or plan

Goal 1: Provide leadership and structure to implement CHVP in funded LHJ			
#	Objective	Activities	Deliverables
		(b) Develop a referral triage process for incoming home visiting participants to ensure families are connected to the program that best meets their needs (c) Ensure newly enrolled participants provide informed consent and sign a <i>CHVP Participant Consent Form</i> at enrollment (d) Develop and utilize a P&P on reaching out to disengaged families in accordance with CDPH/CHVP P&P 100-50	- Referral triage plans outlining referral process (flow chart, narrative, etc.) - Confirmation of signed <i>CHVP Participant Consent Form</i> for each enrolled participant - Data on participant enrollment and accurate funding information entered into the data system in a timely manner
1.5	The LHJ will provide oversight and leadership to ensure selected home visiting model fidelity and quality assurance	(a) Implement evidence-based home visiting model requirements in accordance with the selected model(s) fidelity standards (b) Monitor subcontracted agencies (if applicable) to ensure model fidelity standards and CDPH/CHVP requirements are met and provide budgetary oversight (c) LHJs interested in implementing a model-approved enhancement must obtain written approval from CDPH/CHVP prior to implementation	Submission of: Model developer agreement, accreditation, affiliation, and/or endorsement documentation

Goal 1: Provide leadership and structure to implement CHVP in funded LHJ			
#	Objective	Activities	Deliverables
1.6	The LHJ will develop and implement home visiting P&Ps and follow all applicable MCAH and CDPH/CHVP P&Ps	(a) Develop and conduct an annual review of local P&Ps related to home visiting and update as needed (b) Conduct an annual review of, and ensure compliance with, CDPH/CHVP P&Ps (c) Conduct an annual review of, and ensure compliance with, the <i>Local MCAH Programs Policies and Procedure</i> . (d) Conduct an annual review of, and ensure compliance with, the <i>MCAH Fiscal Administration P&P Manual</i>	Submission of: - Progress Reports - Updated LHJ P&Ps related to home visiting - Annual confirmation of review of local and CDPH/CHVP P&Ps, <i>Local MCAH Program Policies and Procedures</i>, and the <i>MCAH Fiscal Administration Policy & Procedure Manual</i>
1.7	The LHJ will participate in TA meetings and conduct Continuous Quality Improvement (CQI) projects and activities to support program implementation and improvement goals	(a) Participate in voluntary CQI projects and activities in collaboration with CDPH/CHVP (b) Attend all meetings and site visits, included but not limited to: - Individual TA meetings - Model TA meeting - All LHJ TA meeting - Ad hoc/Extra Support Plan (ESP) meetings - In-person or virtual site visit as scheduled by CDPH/CHVP	Submission of: - Progress Reports - CQI information as requested Participation in: - Individual and group TA meetings - CQI meetings as applicable

Goal 1: Provide leadership and structure to implement CHVP in funded LHJ			
#	Objective	Activities	Deliverables
		(c) Use data to inform and improve program activities	

¹ The MCAH Director or their designee is required to devote a minimum of 0.05 full-time equivalent (FTE) and a maximum of 0.15 FTE to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP community advisory board (CAB). The percentage FTE dedicated to CHVP budgets should be deducted from the local MCAH budget to ensure the LHJ does not exceed the MCAH Director FTE requirements as outlined in the *Local MCAH Programs Policies and Procedures*. If an MCAH Director cannot meet the requirements of the CHVP SOWs, they can identify a designee, as outlined in the *Local MCAH Programs Policy and Procedures*. In this situation, the designee, who may be identified as an MCAH Coordinator or other position, can act as the responsible party for CHVP, and should be designated as such in the CHVP budget.

² If an LHJ establishes a subcontractor to deliver home visiting services, an LHJ representative (ideally the MCAH Director) must be present during all scheduled group and individual technical assistance (TA) meetings, virtual or in-person site visits, and be involved in all programmatic, data, contract, and fiscal communications with CDPH/CHVP. This requirement ensures the LHJ maintains oversight and direct involvement in all aspects of the contracted services, guaranteeing alignment with CDPH/CHVP standards and expectations. Additionally, no more than 10% of the allocation should be spent on administrative oversight of a subcontractor.

Goal 2: Integrate the home visiting program into the local early childhood system			
#	Objective	Activities	Deliverables
2.1	The LHJ will collaborate with local early childhood system partners to ensure a continuum of services for families	(a) Maintain a CAB that includes local early childhood system partners and meets at least quarterly to establish appropriate linkages to referral and service systems to benefit participating families (b) Meet and work with other local early childhood system and community partners to coordinate services to participating families (c) Develop and implement a transition plan for families according to model guidance and in accordance with CDPH/CHVP P&P 200-40	Submission of: Progress Report including CAB meeting materials, Memoranda of Understanding (MOUs) and/or other written agreements
2.2	The LHJ will pursue, develop, and maintain relationships with local service agencies and referral resources to facilitate participant recruitment	(a) Develop and maintain MOUs and/or other written agreements (e.g., letters of support) with community agencies and service providers	Submission of: - Progress Report including CAB meeting materials, MOUs, and/or other written agreements - Outreach materials - Outreach activity logs or plan

Goal 3: Collect, enter, and report on all required participant data			
#	Objective	Activities	Deliverables
3.1	The LHJ will maintain clean and compliant data	(a) Accurately collect and submit participant data using selected home visiting model and CDPH/CHVP-required documents, as applicable (b) Ensure all data collection, use and reporting processes comply with CDPH's Information Privacy and Security Requirements (IPSR) (c) Ensure accuracy and completeness of data input into designated data systems using data quality reports and monitoring (d) NFP LHJs will coordinate data system requirements with the NFP National Service Office (e) HFA LHJs will coordinate with the CDPH/CHVP data team to establish buildout/modification in Efforts to Outcomes (ETO) data system and will comply with all <i>CHVP HFA Data Collection Manual</i> requirements (f) PAT LHJs will coordinate data system requirements with the PAT National Office for use of the Visit Tracker Web data system	• Submission of timely and accurate data on participant demographics, service utilization, and performance measures according to, and with fidelity to, the selected home visiting model guidelines and CDPH/CHVP requirements • Participation in regular TA meetings and site visits with CDPH/CHVP staff

Goal 3: Collect, enter, and report on all required participant data			
#	Objective	Activities	Deliverables
		(g) Collect and enter participant data into designated data systems within seven working days, or as required by the selected home visiting model (h) Correct data entry errors and strive to reduce missing data as directed by the CDPH/CHVP data team as needed (i) HIPPY and FCI LHJs will provide and/or coordinate with data collection system owners to provide monthly enrollment and other requested data to CDPH/CHVP (as needed)	

Goal 4 (if applicable): Provide extra support for staff and families served by Local MCAH home visiting programs through Special Support Activities			
#	Objective	Activity	Deliverable
4.1	The LHJ will use Special Support funds for allowable activities as reflected in their budget	LHJs can spend up to 20% of their SGF EBHV allocation on approved Special Support Activities per the <i>CHVP Special Support Activity Reference Guide</i> Special Support Activity categories include: (a) Additional Staff Costs (b) Training (c) Technology (d) Family Support Materials	Submission of: • <i>Progress Report</i> • <i>Special Support Activity Report</i> per the <i>CHVP Special Support Activity Reporting Guide</i>
4.2	LHJ leadership will maintain clean and compliant Special Support Activity data, per CDPH/CHVP guidelines	(a) Collect, maintain, and report use of SGF EBHV funds for Special Support as outlined in <i>CHVP Special Support Activity Reference Guide</i> and the <i>CHVP Special Support Activity Reporting Guide</i>	Submission of: • <i>Special Support Activity Report</i> • Additional documentation upon request

Monitoring Mechanism	Year 1	Year 2	Year 3
	July 1, 2026 - June 30, 2027 Due Dates	July 1, 2027 - June 30, 2028 Due Dates	July 1, 2028- June 30, 2029 Due Dates
Staffing Reports	- July 15, 2026 (for SFY 2025-2026) - October 15, 2026 - January 15, 2027 - April 15, 2027	- July 15, 2027 (for SFY 2026-2027) - October 15, 2027 - January 15, 2028 - April 15, 2028	- July 15, 2028 (for SFY 2026-2027) - October 15, 2028 - January 15, 2029 - April 15, 2029
Progress Report, deliverables, and updates: - CAB Agendas, CAB Minutes, CAB Roster - Confirmation of completed Mandated Reporter Training - Confirmation of signed CDPH/CHVP Participant Consent Forms - Confirmation of signed Confidentiality Agreements for all direct staff - Confirmation that the Director or Designee reviewed and approved of the Progress Report before submitting	- July 15, 2026 (for SFY 2025-2026) - January 15, 2027	- July 15, 2027 (for SFY 2026-2027) - January 15, 2028	- July 15, 2028 (for SFY 2027-2028) - January 15, 2029
- MOUs or other written agreements with community agencies and service providers - Outreach Activity Logs, or Plan and Outreach Materials - Training Logs and Training Plans - Policies and Procedures - Referral Triage Plan - HFA Affiliation or Accreditation Report	The following documents will be submitted only if created, updated, or received in the reporting period.	The following documents will be submitted only if created, updated, or received in the reporting period	The following documents will be submitted only if created, updated, or received in the reporting period.

Monitoring Mechanism	Year 1	Year 2	Year 3
	July 1, 2026 - June 30, 2027 Due Dates	July 1, 2027 - June 30, 2028 Due Dates	July 1, 2028- June 30, 2029 Due Dates
- HIPPY Endorsement Documentation - PAT Affiliate Plan or Affiliate Performance Report (APR)			
Special Support Activity Report (if applicable)	July 15, 2026 (for SFY 2025-2026)	July 15, 2027 (for SFY 2026-2027)	July 15, 2028 (for SFY 2027-2028)
Priority Population Survey (NFP only)	- July 15, 2026 (Final SFY 2025-2026) - January 15, 2027 (SFY 2026-2027 to date)	- July 15, 2027 (Final SFY 2026-2027) - January 15, 2028 (SFY 2027-2028 to date)	- July 15, 2028 (Final SFY 2027-2028) - January 15, 2029 (SFY 2028-2029 to date)
CQI monitoring reports, data, and information	Upon Request	Upon Request	Upon Request
Individual TA meetings	Semi-annually (TBD)	Semi-annually (TBD)	Semi-annually (TBD)
Model TA meetings	Annually (TBD)	Annually (TBD)	Annually (TBD)
All LHJ TA meeting	Annually (TBD)	Annually (TBD)	Annually (TBD)
Ad hoc/Extra Support Plan (ESP) meetings	As applicable	As applicable	As applicable
Site Visit	TBD	TBD	TBD

NOTE: All reports and documentation must be submitted via SharePoint, unless otherwise directed by CHVP

LHJ: Lassen County Public Health
Agreement #: 202618 EBHV

NOTE: Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed.

If compliance standards are not met in a timely manner, CDPH/CHVP may require the local agency to participate in an Extra Support Plan (ESP) process, and/or may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards.

Morgan Pierce, RN

MCAH Director Name

A handwritten signature in blue ink, reading "Morgan Pierce, RN", is written over a horizontal line. The signature is cursive and includes the initials "RN" at the end.

MCAH Director Signature

06-05-2026

Date

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR
2026-27

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BUDGET BALANCE
(0.00)

Version 7.0 - 1/30 Quarterly 4.10.26

Program: California Home Visiting Program (EBHV)

Agency: 202618 LASSEN

Sub#:

		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-CMY-NE		CHVP-SGF-E		CHVP-CMY-E	
(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	%
418,395.00													
#VALUE!													

EXPENSE CATEGORY		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-CMY-NE		CHVP-SGF-E		CHVP-CMY-E	
(i)	PERSONNEL	219,080.80	96,758.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(ii)	OPERATING EXPENSES	96,758.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(iii)	CAPITAL EXPENDITURES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(iv)	OTHER COSTS	47,785.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(v)	INDIRECT COSTS	54,770.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BUDGET TOTALS*		418,395.00	100.00%	418,395.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%

BALANCE(S)		(0.00)		[50%]		[50%]		[125%]		[75%]		[25%]	
418,395.00	→	418,395.00	→	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	→	0.00	→	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	→	0.00	→	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

418,395.00

Maximum Amount Payable from State and Federal resources

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAM ADMINISTRATIVE AND PROGRAM POLICIES.

MCAM/PROJECT DIRECTOR'S SIGNATURE
Harriet

6/5/26
DATE

Agency Fiscal Agent's Signature
Janina Raymond

6/5/2026
DATE

* These amounts contain local revenue submitted for information and matching purposes. MCAM does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT

PCA Codes		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-CMY-NE	CHVP-SGF-E	CHVP-CMY-E
(i)	PERSONNEL	51023	219,080.80	0.00	0.00	0.00	0.00
(ii)	OPERATING EXPENSES	96,758.13	0.00	0.00	0.00	0.00	0.00
(iii)	CAPITAL EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00
(iv)	OTHER COSTS	47,785.87	0.00	0.00	0.00	0.00	0.00
(v)	INDIRECT COSTS	54,770.20	0.00	0.00	0.00	0.00	0.00
Totals for PCA Codes		418,395.00	418,395.00	0.00	0.00	0.00	0.00

ORIGINAL

Program: California Home Visiting Program (EBHV)
Agency: 202618 LASSEN

Subk:

Program: California Home Visiting Program (EBHV)		UNMATCHED FUNDING		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)								
Agency: 202618 LASSEN	Subk:	CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-City NE		CHVP-SGF-E		CHVP-City E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
		% TRAVEL NON-ENH MATCH												
		0.00%												
		% TRAVEL ENH MATCH												
		0.00%												
		% PERSONNEL MATCH												
		0.00%												
		% MATCH AVAILABLE												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00%												
		0.00												

ORIGINAL

Program: Agency: SUBJ: California Home Visiting Program (EBHV) 202618 LASSEN		UNMATCHED FUNDING			NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)		
		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-E	CHVP-CMNY NE	CHVP-SGF-E	CHVP-CMNY E			
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL																			
TOTAL PERSONNEL COSTS					219,080.60					219,080.60									
FRINGE BENEFIT RATE					35.30%					57,158.55					57,158.55				
TOTAL WAGES					161,922.25					161,922.25									
FULL NAME (First Name Last Name)		TITLE OR CLASSIFICATION (No Acronyms)		% FTE	ANNUAL SALARY		TOTAL WAGES												
1	Natalie Ruegger	Public Health Director	2.50%	138,943.15	3,473.58	100.00%	3,473.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Morgan Pierce	MCAH Director	5.00%	88,701.56	4,435.08	100.00%	4,435.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	Mandy Rujina	CHVP Manager	25.00%	62,890.37	15,722.59	100.00%	15,722.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Taylor Knecht	CHVP Coordinator	50.00%	72,394.00	36,197.00	100.00%	36,197.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5	Taylor Knecht	Home Visitor	50.00%	72,394.00	36,197.00	100.00%	36,197.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6	Vacant	Home Visitor	100.00%	52,997.00	52,997.00	100.00%	52,997.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Sarah Chaplin	Program Assistant	30.00%	43,000.00	12,900.00	100.00%	12,900.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
33					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
34					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
37					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
39					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
45					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
46					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
47					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
48					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
49					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
51					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
52					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
53					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
54					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

J-Pers MCF Per Staff		Staff Traveling (X)	
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.00	51.00%
0.00	51.00%	0.0	

ORIGINAL

Program: Agency: Subk:		California Home Visiting Program (EBHV) 202618 LASSEN		UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)										ENHANCED MATCHING (75/25)									
				CHVP - EBHV			AGENCY FUNDS			CHVP-SGF-NE			CHVP-CM/NE			CHVP-SGF-E			CHVP-CM/E														
				(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)																	
		TOTAL FUNDING		%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/Agency*																
55			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
56			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
57			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
58			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
59			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
60			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
61			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
62			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
63			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
64			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
65			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
66			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
67			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
68			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
69			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
70			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
71			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
72			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
73			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
74			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
75			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
76			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
77			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
78			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
79			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
80			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
81			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
82			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
83			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
84			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
85			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
86			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
87			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
88			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
89			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
90			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
91			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
92			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
93			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
94			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
95			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
96			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
97			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
98			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
99			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
100			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
101			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
102			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
103			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
104			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
105			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
106			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
107			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
108			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
109			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
110			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
111			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
112			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
113			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
114			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
115			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
116			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											
117			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		0.00%		0.00%											

ORIGINAL

Program: Agency: Subk:		California Home Visiting Program (EBHV) 202618 LASSEN		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-City NE		CHVP-SGF-E		CHVP-City E				
		(1)		(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*				
118		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
119		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
120		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
121		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
122		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
123		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
124		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
125		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
126		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
127		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
128		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
129		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
130		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
131		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
132		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
133		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
134		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
135		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
136		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
137		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
138		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
139		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
140		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
141		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
142		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
143		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
144		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
145		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
146		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
147		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
148		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
149		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
150		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%			

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR
2027-28

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BUDGET BALANCE
(0.00)

Version 7.0 - 150, Quantity 4.10.26

Program: California Home Visiting Program (EBHV)

Agency: 202618 LASSEN

Subid:

	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-CMY NE	CHVP-SGF-E	CHVP-CMY E	CHVP-SGF-E	CHVP-CMY E	CHVP-SGF-E	CHVP-CMY E	CHVP-SGF-E	CHVP-CMY E
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →		418,395.00										
#VALUE!												

EXPENSE CATEGORY												
(I) PERSONNEL	238,798.07	238,798.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES	86,982.13	86,982.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(III) CAPITAL EXPENDITURES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(IV) OTHER COSTS	32,915.28	32,915.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(V) INDIRECT COSTS	59,699.52	59,699.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BUDGET TOTALS*	418,395.00	418,395.00	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

BALANCE(S) →

(0.00)

418,395.00	→	418,395.00	(50%)	0.00	(50%)	0.00	(75%)	0.00	(75%)	0.00
0.00	→	0.00	(50%)	0.00	(50%)	0.00	(75%)	0.00	(75%)	0.00
0.00	→	0.00	(50%)	0.00	(50%)	0.00	(75%)	0.00	(75%)	0.00

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

\$ 418,395.00

Maximum Amount Payable from State and Federal resources

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAM ADMINISTRATIVE AND PROGRAM POLICIES.

MCAM PROJECT DIRECTOR'S SIGNATURE

6/5/26

DATE

James Leonard

AGENCY FISCAL AGENT'S SIGNATURE

6/5/2026

DATE

* Tables and/or cells contain local revenue submitted for information and matching purposes. MCHT does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT

PCA Codes												
(I) PERSONNEL	51023	CHVP - EBHV	51021	CHVP-SGF-NE	53165	CHVP-CMY NE	51022	CHVP-SGF-E	53164	CHVP-CMY E		
(II) OPERATING EXPENSES	238,798.07				0.00				0.00			
(III) CAPITAL EXPENSES	86,982.13				0.00				0.00			
(IV) OTHER COSTS	0.00				0.00				0.00			
(V) INDIRECT COSTS	32,915.28				0.00				0.00			
	59,699.52				0.00				0.00			
Totals for PCA Codes	418,395.00				0.00				0.00			

ORIGINAL

Program:		California Home Visiting Program (EBHV)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Agency:		202618 LASSEN																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Subk:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
		CHVP - EBHV					AGENCY FUNDS					CHVP-SGF-NE					CHVP-CMY-NE					CHVP-SGF-E					CHVP-CMY-E																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
		(1)					(2)					(3)					(4)					(5)					(6)					(7)					(8)					(9)					(10)					(11)					(12)					(13)					(14)					(15)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
		TOTAL FUNDING					%					CHVP - EBHV					%					Agency Funds*					%					Combined Fed/State					%					Combined Fed/Agency*					%					Combined Fed/State					%					Combined Fed/Agency*					%					Combined Fed/State					%					Combined Fed/Agency*					%																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
		TOTAL OPERATING EXPENSES					86,982.13					100.00%					15,000.00					100.00%					11,000.00					100.00%					18,519.40					100.00%					6,157.92					100.00%					10,450.40					100.00%					11,000.00					100.00%					458.12					100.00%					4,775.00					100.00%					8,997.29					100.00%					626.00					100.00%					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00					0.00</				

(I) PERSONNEL DETAIL

EBHV Budget Template FY27-28 06.05.26

ORIGINAL

Program:		California Home Visiting Program (EBHV)													
Agency:		202618 LASSEN													
Sub#:						UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				
		CHVP - EBHV			AGENCY FUNDS		CHVP-SGF-NE		CHVP-CM/NE		CHVP-SGF-E		CHVP-CM/E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
55		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
56		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
57		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
58		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
59		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
60		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
61		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
62		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
63		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
64		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
65		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
66		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
67		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
68		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
69		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
70		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
71		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
72		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
73		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
74		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
75		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
76		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
77		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
78		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
79		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
80		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
81		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
82		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
83		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
84		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
85		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
86		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
87		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
88		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
89		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
90		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
91		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
92		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
93		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
94		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
95		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
96		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
97		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
98		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
99		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
100		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
101		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
102		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
103		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
104		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
105		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
106		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
107		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
108		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
109		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
110		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
111		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
112		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
113		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
114		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
115		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
116		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
117		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%

ORIGINAL

Program: Agency: Subk:		California Home Visiting Program (EBHV) 202618 LASSEN			UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
					CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-City NE		CHVP-SGF-E		CHVP-City E								
					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)					
		TOTAL FUNDING			%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*				
118					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
119					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
120					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
121					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
122					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
123					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
124					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
125					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
126					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
127					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
128					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
129					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
130					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
131					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
132					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
133					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
134					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
135					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
136					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
137					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
138					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
139					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
140					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
141					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
142					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
143					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
144					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
145					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
146					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
147					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
148					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
149					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				
150					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%				

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR
2028-29

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BUDGET BALANCE
(0.00)

Version 7.0 - 150 Quantity 4.10.26

Program: California Home Visiting Program (EBHV)

Agency: 202618 LASSEN

Subk:

		UNMATCHED FUNDING		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-CNY NE	CHVP-SGF-E	CHVP-CNY E
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
TOTAL FUNDING	%	CHVP - EBHV	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →		418,395.00					#VALUE!

EXPENSE CATEGORY							
(I) PERSONNEL	260,289.91	260,289.91	0.00	0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES	70,032.62	70,032.62	0.00	0.00	0.00	0.00	0.00
(III) CAPITAL EXPENDITURES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(IV) OTHER COSTS	23,000.00	23,000.00	0.00	0.00	0.00	0.00	0.00
(V) INDIRECT COSTS	65,072.48	65,072.48	0.00	0.00	0.00	0.00	0.00
BUDGET TOTALS*	418,395.00	418,395.00	0.00	0.00	0.00	0.00	0.00
BALANCE(S) →		(0.00)					

TOTAL CHVP - EBHV	418,395.00	418,395.00	0.00	0.00	0.00	0.00	0.00
TOTAL TITLE XIX	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL AGENCY FUNDS	0.00	0.00	0.00	0.00	0.00	0.00	0.00

\$ 418,395.00 Maximum Amount Payable from State and Federal resources

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

[Signature]
MCAH PROJECT DIRECTOR'S SIGNATURE

6/5/26
DATE

[Signature]
AGENCY FISCAL AGENT'S SIGNATURE

6/5/2026
DATE

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-CNY NE	CHVP-SGF-E	CHVP-CNY E
(I) PERSONNEL	51023	260,289.91		51021	53165	51022	53164
(II) OPERATING EXPENSES		70,032.62		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		23,000.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		65,072.48		0.00	0.00	0.00	0.00
Totals for PCA Codes		418,395.00	418,395.00	0.00	0.00	0.00	0.00

ORIGINAL

Program: California Home Visiting Program (EBHV)		UNMATCHED FUNDING															NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
Agency: 202618 LASSEN	Sub#:				CHVP - EBHV			AGENCY FUNDS			CHVP-SGF-NE			CHVP-CMY-NE			CHVP-SGF-E			CHVP-CMY-E						
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)										
		TOTAL FUNDING			%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State % TRAVEL, NON-ENH MATCH	%	Combined Fed/Agency*	%	Combined Fed/State % TRAVEL, ENH MATCH	%	Combined Fed/Agency*										
(II) OPERATING EXPENSES DETAIL																				% PERSONNEL MATCH 0.00%						
		TOTAL OPERATING EXPENSES			70,032.62			0.00			0.00			0.00			0.00			Match Available 0.00%						
TRAVEL		11,000.00			100.00%			0.00			0.00			0.00			0.00			0.00%						
TRAINING		7,000.00			100.00%			0.00			0.00			0.00			0.00			0.00%						
1 Rent		18,519.40			100.00%			0.00			0.00			0.00			0.00			0.00%						
2 Utilities		6,157.92			100.00%			0.00			0.00			0.00			0.00			0.00%						
3 Office Supplies		5,500.89			100.00%			0.00			0.00			0.00			0.00			0.00%						
4 Program Supplies		8,000.00			100.00%			0.00			0.00			0.00			0.00			0.00%						
5 Cell Phones		456.12			100.00%			0.00			0.00			0.00			0.00			0.00%						
6 PAT Affiliate Fees		4,775.00			100.00%			0.00			0.00			0.00			0.00			0.00%						
7 Office Equipment		7,997.29			100.00%			0.00			0.00			0.00			0.00			0.00%						
8 Veat Tracker Yearly Subscription		626.00			100.00%			0.00			0.00			0.00			0.00			0.00%						
9																										
10																										
11																										
12																										
13																										
14																										
15																										
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																										
(III) CAPITAL EXPENDITURE DETAIL																										
		TOTAL CAPITAL EXPENDITURES			0.00			0.00			0.00			0.00			0.00									
(IV) OTHER COSTS DETAIL																				% PERSONNEL MATCH 0.00%						
		TOTAL OTHER COSTS			23,000.00			0.00			0.00			0.00			0.00			0.00%						
SUBCONTRACTS																										
1					0.00			0.00			0.00			0.00			0.00									
2					0.00			0.00			0.00			0.00			0.00									
3					0.00			0.00			0.00			0.00			0.00									
4					0.00			0.00			0.00			0.00			0.00									
5					0.00			0.00			0.00			0.00			0.00									
6					0.00			0.00			0.00			0.00			0.00									
7					0.00			0.00			0.00			0.00			0.00									
8					0.00			0.00			0.00			0.00			0.00									
9					0.00			0.00			0.00			0.00			0.00									
10					0.00			0.00			0.00			0.00			0.00									
11					0.00			0.00			0.00			0.00			0.00									
12					0.00			0.00			0.00			0.00			0.00									
13					0.00			0.00			0.00			0.00			0.00									
14					0.00			0.00			0.00			0.00			0.00									
15					0.00			0.00			0.00			0.00			0.00									
16					0.00			0.00			0.00			0.00			0.00									
17					0.00			0.00			0.00			0.00			0.00									
18					0.00			0.00			0.00			0.00			0.00									
OTHER CHARGES																										
1 Client Support		12,000.00			100.00%			0.00			0.00			0.00			0.00			0.00%						
2 Advertising/Outreach		8,000.00			100.00%			0.00			0.00			0.00			0.00			0.00%						
3 PAT Monthly Group Connections		3,000.00			100.00%			0.00			0.00			0.00			0.00			0.00%						
4																										
5																										
6																										
7																										
8																										
(V) INDIRECT COSTS DETAIL																										
		TOTAL INDIRECT COSTS			65,072.48			0.00			0.00			0.00			0.00									
25.00%		of Total Wages + Fringe Benefits			65,072.48			0.00			0.00%			0.00			0.00									

ORIGINAL

Program: California Home Visiting Program (EBHV)		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
Agency: 202618 LASSEN		CHVP - EBHV		AGENCY FUNDS			CHVP-SQF-NE		CHVP-CMY NE			CHVP-SQF-E		CHVP-CMY E		
Subb:																
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		

(I) PERSONNEL DETAIL

TOTAL PERSONNEL COSTS										260,289.91	260,289.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
-----------------------	--	--	--	--	--	--	--	--	--	------------	------------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

Program: California Home Visiting Program (EBHV)
Agency: 202618 LASSEN

Sub#: 117	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-CHV-NE		CHVP-SGF-E		CHVP-CHV-E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTAL FUNDING	0.00		CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/State	%	Combined Fed/Agency*	%
55	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
56	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
57	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
58	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
59	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
60	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
61	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
62	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
63	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
64	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
65	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
66	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
67	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
68	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
69	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
70	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
71	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
72	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
73	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
74	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
75	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
76	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
77	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
78	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
79	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
80	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
81	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
82	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
83	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
84	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
85	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
86	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
87	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
88	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
89	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
90	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
91	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
92	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
93	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
94	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
95	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
96	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
97	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
98	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
99	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
100	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
101	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
102	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
103	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
104	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
105	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
106	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
107	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
108	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
109	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
110	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
111	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
112	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
113	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
114	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
115	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
116	0.00		0.00		0.00		0.00		0.00		0.00	0.00%
117	0.00		0.00		0.00		0.00		0.00		0.00	0.00%

ORIGINAL

Program:		California Home Visiting Program (EBHV)				UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
Agency:		202618 LASSEN				CHVP - EBHV					AGENCY FUNDS					CHVP-SGF-NE					CHVP-SGF-E				
Subk:																CHVP-CMY NE					CHVP-CMY E				
						(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)							
		TOTAL FUNDING				%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*								
118					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
119					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
120					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
121					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
122					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
123					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
124					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
125					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
126					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
127					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
128					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
129					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
130					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
131					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
132					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
133					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
134					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
135					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
136					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
137					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
138					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
139					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
140					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
141					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
142					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
143					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
144					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
145					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
146					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
147					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
148					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
149					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						
150					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00%						

Date: 6/5/26

Agency Information Form

Agreement Period: July 1, 2026 – June 30, 2029

Agencies are required to submit an updated signed copy (wet or electronic signature) of this form to begin each agreement period.

An Agency information is required for each program. There are different options to complete the Agency Information Form depending on the needs of your LHJ:

Option 1 – Use AIF Option 1 to enter all contact information and check boxes for each applicable program. *Ideal for agencies whose staff overlaps across programs.*

Option 2 – Use AIF Option 2 to enter all contact information separated by program. *Ideal for agencies with larger staffing needs that vary across programs.*

For any staff changes beyond the initial submission, agencies are required to submit an updated Agency Information Form as changes occur during the fiscal year. Any updates must be submitted to your assigned Contract Liaison as soon as possible.

Any program-related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

Agency Identification Information

Official Agency Name Lassen County Public Health

Program
(select all that apply)

☐ AFLP

☐ BIH

☐ CHVP

☐ MCAH

☐ PEI

☒ EBHV

☐ INNV

☐ MIECHV

Federal Employer ID#(FEIN): 94-6000-517

Fi\$Cal ID#: 11821

Unique Entity Identifier (UEI)#: _____

Business Office Address: 1345 Paul Bunyan Road, Suite B. Susanville, CA 96130

Agency Phone: (530) 251-8183

Agency Fax: (530) 251-2668

Agency Website: www.lassencounty.org

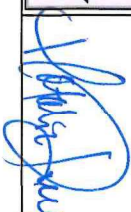
Agency Remittance Address (please include ATTN: Name/ Department) *:

ATTN: Larrisa Raymond/Fiscal

PO Box 1180

Susanville, CA 96130

Agency Information Form Option 1 – Main Points of Contact

#	Title	First Name	Last Name	Phone	Email	Programs	Auth to sign budgets and/or invoices	Signature if authorized	Date
1	AGENCY EXECUTIVE DIRECTOR Health and Social Services Director	Jayson	Vial	(530) 251-2683	jvial@co.lassen.ca.us	☐ A&FP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☒ EBHV ☐ INN	Both	 6/3/20
2	MCAH DIRECTOR Senior Public Health Nurse	Morgan	Pierce	(530) 251-8187	mpierce@co.lassen.ca.us	☐ A&FP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☒ EBHV ☐ INN	Both	 6/3/20
3	PROJECT COORDINATOR CHVP Coordinator	Taylor	Knecht	(530) 251-8308	tknecht@co.lassen.ca.us	☐ A&FP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☒ EBHV ☐ INN	NO	
4	FISCAL CONTACT Fiscal Supervisor	Larrisa	Raymond	(530) 251-2655	lraymond@co.lassen.ca.us	☐ A&FP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☒ EBHV ☐ INN	Both	 6/5/20
5	FISCAL OFFICER Fiscal Supervisor	Larrisa	Raymond	(530) 251-2655	lraymond@co.lassen.ca.us	☐ A&FP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☒ EBHV ☐ INN	Both	 6/5/20
6	CLERK OF THE BOARD OR	Julie	Bustamante	(530) 251-8217	lcolerh@co.lassen.ca.us	☐ A&FP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☒ EBHV ☐ INN	NO	
7	CHAIR BOARD OF SUPERVISORS	Tom	Neely	(530) 251-8333	tneely@co.lassen.ca.us	☐ A&FP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☒ EBHV ☐ INN	NO	
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY Public Health Director	Natalie	Ruegger	(530) 251-8182	nruegger@co.lassen.ca.us	☐ A&FP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☒ EBHV ☐ INN	Both	 6/3/20

Agency Information Form Option 1 – Additional Contacts

#	Title	First Name	Last Name	Phone	Email	Programs	Auth. to sign budgets and/or invoices	Signature if authorized	Date
9	Administrative Manager- Analyst/CHVP Manager	Mondy	Rigling	(530) 251-2608	mrigling@co.lassen.ca.us	☐ AFLP ☐ BIH ☐ MCAH ☐ PEI	☒ MIECHV ☐ EBHV ☐ INNV	NO	
10						☐ AFLP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☐ EBHV ☐ INNV		
11						☐ AFLP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☐ EBHV ☐ INNV		
12						☐ AFLP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☐ EBHV ☐ INNV		
13						☐ AFLP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☐ EBHV ☐ INNV		
14						☐ AFLP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☐ EBHV ☐ INNV		
15						☐ AFLP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☐ EBHV ☐ INNV		
16						☐ AFLP ☐ BIH ☐ MCAH ☐ PEI	☐ MIECHV ☐ EBHV ☐ INNV		

Checklist & Certification

Agreement Period: July 1, 2026 – June 30, 2029

LHJ: Lassen County Public Health

Program
(select all
that apply)

☐ AFLP

☐ BIH

☐ CHVP

☐ MCAH

☐ PEI

☐ MIECHV

☒ EBHV

☐ INNV

Board of Supervisor (BOS) approval required to accept funds? ☒ Yes ☐ No

List any other reviews that your county requires the AFA to go through before funds can be accepted (include estimated timelines if possible) *i.e. legal/compliance/contracts review-approximately 6 weeks:*

Required for 2026 2029 AFA Approval	
Documents are due by May 29, 2026. Submit items 1 – 5 to MCAH-INAC.Tr@cdph.ca.gov Submit item 6 to the assigned Program Consultant	
	1. Checklist & Certification Revised! Required for 2026-2029 AFA approvals. LHJs will submit the items listed in this table and complete the certification on the last page of this document.
	2. Agency Information Form Required for 2026-2029 AFA approval. The Agency Information Form includes two options for submitting contact information. LHJs may choose to complete the multi-program form or complete the program-specific forms. LHJs will provide updates as needed when contact information changes or as requested by CDPH/MCAH during the agreement period.
	3. Budget Templates Revised! Required for 2026-2029 AFA approval. LHJs will submit budgets for each program and each fiscal year where funding is allocated . See the updated <i>Fiscal Administration Policy and Procedure Manual</i> , dated April 10, 2026, for more details. Note that names are not required to be included in the personnel lines of the budget for AFA approval; however, names are required for Title XIX invoicing . We recommend that LHJs enter names in the budget if they are available. Prior to invoicing, the budget will need to include names in the personnel lines. In addition, budget justifications are no longer required to be submitted with the budget templates for AFA approval, and so that tab has been removed from the budget template. CDPH/MCAH may request additional information during the agreement period to support unusual budget items and/or invoice expenditures.
	4. Duty Statements Required for 2026-2029 AFA approval. LHJs will submit information about each position included in the budget using the template provided. All duty statements forms are to be numbered with the budget line numbers. LHJs will provide updates when key positions change or as requested by CDPH/MCAH during the agreement period.
	5. Organizational Chart(s) Required for 2026-2029 AFA approval. LHJs will submit organizational chart(s) that include all the positions listed in the budgets. Positions on the organizational charts are to be numbered with the coordinating line numbers and match the duty statements. LHJs will provide updates when key positions change or as requested by CDPH/MCAH during the agreement period.
	6. Scope of Work (SOW) Required for 2026-2029 AFA approval. LHJs will complete Scopes of Work using the templates provided. Documents for all applicable programs to be submitted directly to assigned <u>Program Consultant</u> .

Any of the following documents that were approved during the previous CDPH MCAH agreement period can be carried over to the new agreement period. The LHJ will maintain the approved document(s) on file and will submit any revisions or new requests for approval to their assigned Program Consultant.

Title XIX MCP Justification Letter

- Agencies that opt to claim Title XIX *and are utilizing a Medi-Cal Percentage (MCP) other than base* must submit a signed justification letter, which provides the rationale for the intended MCP. This letter must be on agency letterhead and include justification in claiming each of the various MCPs that are being requested on your budget. Please note, the letter will not replace the MCP justification area for personnel on the budget template.

Subcontractor (SubK) Agreement Packages

- To be kept on file and submitted with updates for all subcontracts of \$5,000 or more. The Subcontractor Agreement Package includes a transmittal form, brief explanation of the award process, subcontractor agreement or waiver letter, duty statements, organizational charts, and budgets.
- Subcontractor Agreement Packages for all applicable programs are to be submitted directly to assigned Program Consultant. LHJs will need to obtain approval from their Program Consultant prior to submitting an invoice.

Title XIX Skilled Professional Medical Personnel (SPMP) Compliance Attestation

- To be kept on file and submitted with updates as applicable. LHJs will need to obtain approval from their Program Consultant on any changes prior to submitting an invoice.

I affirm that all statements in the AFA are true and complete. I have initialed each item on the table above to affirm that I understand the requirements and have provided the required documents.

I certify that all MCAH programs including AFLP, BIH, CHVP, MCAH, PEI, will comply (as applicable) with the most current MCAH Program Manuals and MCAH Fiscal Policies and Procedures Manual.

These programs will also comply with:

- I. Title V of the Social Security Act §§501-509 (42 U.S.C. §§701-709)
- II. Title XIX of the Social Security Act §1903 (42 U.S.C. §1396 et seq.)
- III. 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
- IV. Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003)
- V. Any applicable rules or regulations issued by CDPH under the above-referenced laws.

I understand that MCAH programs may be subject to sanctions or other remedies if found in violation of any applicable laws, regulations, or policies.

The agency agrees to maintain and retain all supporting documentation necessary to substantiate claims, expenditures, and compliance, and to provide such documentation to CDPH/MCAH or oversight entities upon request. As changes occur to documents identified on the Checklist, the agency will provide updated documents to the assigned Contract Liaison and/or Program Consultant, in accordance with the guidance provided.

Original Signature of Official authorized by the Agency to enter into an Agreement with CDPH/MCAH.

Name (Print)

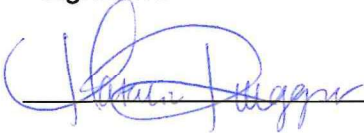
Title

Natalie Ruegger

Public Health Director

Signature

Date



6/5/26

Duty Statement

Agreement: 202618 EBHV **Agreement Term:** 2026-2029

Official Agency Name: Lassen County Public Health

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: MCAH Director **Budget Line#(s):** 2

Reports directly to: Public Health Director **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

The MCAH Director has the responsibility of carrying out the core public health functions of assessment, policy development and assurance to improve the health of the CHVP population in place of the MCAH director. The MCAH Director also provides leadership in planning, developing and supporting systems that achieve the health objectives of the State of California, Department of Health Services and Maternal Child Health Branch.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☐ This position meets criteria for SPMP
	☐ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☒ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☐ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☐ Assisting members on Medi-Cal to access Medi-Cal services.
	☒ FFP Objectives: N/A

Activities to be performed:

Provides leadership and general policy direction for all CHVP activities within the department, including designing, implementing and evaluating existing and new program efforts.

MCAH Director will provide CHVP oversight, fostering partnerships, and collaboration within the LHJ, and directing the local CAB.

AFA Duty Statement Cont.

Consults in the assessment and evaluation of the home visiting program to improve coordination and services to the CHVP participants.

Attends State/Regional meetings as needed, and participates in CHVP trainings.

Participates in trainings for the state approved home visiting model.

Provides consultation for emerging issues, progress and quality of CHVP Program.

Oversees preparation of required CHVP reports.

Oversees development of the CHVP Scope of Work, reviews the Local Plan, and identifies new or emerging issues.

GUIDE

Version 7.0 - 150 Quarterly 4.10.26

BUDGET

INVOICES

BUDGET
REVISIONS

SUBK

SHORTCUTS

FILE NAME

This guide is intended to provide basic instructions for completing the Block Grant budget/invoice template.
If you need additional assistance please contact your Contract Manager.

All data entry fields are shaded yellow.

To ensure that all steps are completed, it is recommended that you click on step 1 and move the cursor down as you complete each step below:

ORIGINAL BUDGET

- 1 In cell C4, select the applicable program budget from the drop down menu.
- 2 In cell C5, select your Agency from the drop down menu.
- 3 In cell C6, enter the name of the subcontract (if applicable).
You may need to change the view settings and zoom out in order to see the remaining steps clearly.
- 4 In cell H9, the current allocation for Title V will automatically populate.
You can access the current fiscal year allocation tables by using the following weblink: MCAH Fiscal Documents
- 5 In cell J9, the current allocation will automatically populate depending on the selected program (SIDS for MCAH, SGF for BIH, or OAH for AFLP).
- 6 In the Personnel Detail section enter the full name, title or classification, FTE, and annual salary for all staff.
For agencies drawing down Title XIX, you can use time study averages from prior years to complete the matchable columns (8, 10, 12, & 14) for Personnel. Enter the average Fringe Benefit Rate that will be applied to all staff in cell E126.
- 7 In the Operating Expense Detail section enter all operating expense data for each applicable program.
Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. However, for non-matchable items, make sure to delete the formula.
- 8 In the Capital Expenditures Detail section enter the total for any capital expenditures (\$5,000+).
- 9 In the Other Costs Detail section, enter the budget totals for any subcontracts or other charges. You must use a new template for each subcontract. The total funding and percentages from row 17 of the Subcontract Original Budget must be copied and pasted into the Subcontract section of the Agency's Original Budget. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. Make sure to remove the formula for all non-matchable items.
- 10 In the Indirect Costs Detail section, the agency's indirect cost rate that was approved by CDPH will autopopulate with the maximum rate approved by CDPH. A lower rate if justified is allowable. The ICR will be capped at no more than 25% of Personnel (salary and benefits) Costs or 15% of total allowable direct costs.
- 11 Click on the (I) Justification worksheet and enter the Program (column K), MCF Type (column L), MCF% (column M) and justifications for each personnel line item. If you are claiming a MCF higher than the Base MCF you must meet the MCF Requirements.
- 12 Click on the (II-V) Justifications worksheet and enter justifications for Operating Expenses, Capital Expenditures, and Other Costs.
- 13 Click on the Original Budget worksheet. Make sure the balances in row 18 are less than \$0.01.
- 14 Save the file using the File Name formats.

INVOICES

The template automatically populates the operating and personnel line items from the "ACTIVE" budget and displays them in the current invoice. It is important that you indicate which budget the invoice is being paid from in order to display the correct line items in the personnel and operating expense sections. To update, click on cell C8 and select the current budget from the drop down menu.

INVOICE SUMMARY		FISCAL YEAR	INVOICE #	INVOICE PERIOD									
Version 2.0 - 10/20/2019		2018-19	Q1	July - September									
Program: Maternal, Child and Adolescent Health Agency: Select..... Sub:													
BUDGET LINE ITEMS		UNMATCHED FUNDING				NON-ENHANCED MATCHING (\$555)				ENHANCED MATCHING (\$505)			
		SIGNATURE		SIGNATURE		TED		AGENCY FUNDS		MCHC/CHS/CH		MCHC/CHS/CH	
ORIGINAL		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
EXPENSE CATEGORY													
(I) PERSONNEL													
(II) OPERATING EXPENSES													
(III) CAPITAL EXPENDITURES													
(IV) OTHER COSTS													
(V) INDIRECT COSTS													
TOTAL INVOICED*													
TOTAL TITLE V													
TOTAL SID'S													
TOTAL TITLE XIX													
TOTAL AGENCY FUNDS													
\$ -		Maximum Amount Payable from State and Federal resources											

Click
HERE
to update

Invoice Fund Reconciliation

Invoices are now tracking fund balances in the "RECONCILIATION SECTION" above each major expense category. The fund reconciliation section shows the remaining balance of each funding source up to the current invoice only. Keep in mind, if there are any negatives in the fund reconciliation section they will automatically be deducted from your total reimbursement.

(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)											
TOTAL OPERATING EXPENSES													
TRAVEL													
TRAINING													
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)											
TOTAL CAPITAL EXPENDITURES													
(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)											
TOTAL OTHER COSTS													
SUBCONTRACTS													
1													
2													
3													
4													
5													
OTHER CHARGES													
1													
2													
3													
4													
5													
(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)											
TOTAL INDIRECT COSTS													
*of Total Wages + Fringe Benefits													

Fund Reconciliation

GA

Invoice Match Available

Located on the right side of the Operating Expenses Detail Page and the Other Costs Detail Page is the Match Available section. Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item has not been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange and the word "CHECK" will appear in the Match Available column. Please be sure to make any corrections, if necessary.

(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available	
TOTAL OPERATING EXPENSES													
TRAVEL													
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
Completed Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unallocated Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 1) funds.													
(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available	
TOTAL CAPITAL EXPENDITURES													
SUBCONTRACTS													
1													
2													
3													
4													
5													
OTHER CHARGES													
1													
2													
3													
4													
5													

Invoice Match Available

Personnel Match Validation

Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item in the Personnel section has **not** been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange. Please be sure to make any corrections, if necessary.

Title XIX Cover Sheets (New)

The template automatically populates the TXIX Cover Sheets for every invoice (Q1, Q2, Q3, Q4, and S1). Please print, sign and include the TXIX Cover Sheet in your invoice package.

BUDGET REVISIONS

This template provides a maximum of three possible budget revisions. The values of the BR1, BR2, and BR3 sheets are identical to the ORIGINAL BUDGET. **Be sure to overwrite the values on the budget revision sheets only. Do not change any prior approved budgets in order to retain audit history.**

The template keeps track of the budget revisions by indicating “ACTIVE” or “NON-ACTIVE” on each budget sheet. The ORIGINAL BUDGET is currently the “ACTIVE” budget and should you need a budget revision, you will need to change the ORIGINAL BUDGET to “NON-ACTIVE” before you can make the budget revision (BR1) “ACTIVE”. To activate/deactivate click on cell M2. This procedure applies to all budget revisions.

BUDGET SUMMARY		FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
Version 5.0 - 03/2020		2018-19	ORIGINAL	ACTIVE	
Program: Maternal, Child and Adolescent Health Agency: Select..... Sub: Select.....					
UNMATCHED FUNDING MCRA-TV MCRA-SES TBD AGENCY FUNDS					
NON-ENHANCED MATCHING (50%) MCRA-TV MCRA-SES TBD AGENCY FUNDS					
ENHANCED MATCHING (75%) MCRA-TV MCRA-SES TBD AGENCY FUNDS					
EXPENSE CATEGORY (I) PERSONNEL (II) OPERATING EXPENSES (III) CAPITAL EXPENDITURES (IV) OTHER COSTS (V) INDIRECT COSTS					
BUDGET TOTALS* ALLOCATION(S) BALANCE(S)					
TOTAL Title V TOTAL SIDS TOTAL TITLE XIX TOTAL AGENCY FUNDS					
\$ - Maximum Amount Payable from State and Federal resources					

Click HERE to
Activate/Deactivate

The Autofill Button at the top, middle of the page can be clicked to copy the values from the previously active budget. Change amounts as needed for each section. The cells changed will turn blue and **bold** the print. This will clearly identify which changes have been made.

BUDGET SUMMARY		FISCAL YEAR	BUDGET	AUTOFILL FROM ORIGINAL BUDGET	BUDGET STATUS	BUDGET BALANCE
Version 5.0 - 03/2020		2018-19	BR1		NOT ACTIVE	
Program: Maternal, Child and Adolescent Health Agency: Select..... Sub: Select.....						
UNMATCHED FUNDING MCRA-TV MCRA-SES TBD AGENCY FUNDS						
NON-ENHANCED MATCHING (50%) MCRA-TV MCRA-SES TBD AGENCY FUNDS						
ENHANCED MATCHING (75%) MCRA-TV MCRA-SES TBD AGENCY FUNDS						
EXPENSE CATEGORY (I) PERSONNEL (II) OPERATING EXPENSES (III) CAPITAL EXPENDITURES (IV) OTHER COSTS (V) INDIRECT COSTS						
BUDGET TOTALS* ALLOCATION(S) BALANCE(S)						
TOTAL Title V TOTAL SIDS TOTAL TITLE XIX TOTAL AGENCY FUNDS						
Maximum Amount Payable from State and Federal resources						

Click HERE to Activate

Budget Revision Hyperlinks

At the top of each justification sheet, you will find hyperlinks for BR1, BR2, and BR3. The hyperlinks allow you to easily access the justification section for each budget revision. The justification sheets will clearly indicate "ACTIVE" or "NOT ACTIVE" depending on the activated budget. For your convenience, the initial values on the budget revisions will be identical. Any changes to the budget revision justifications will carry over to the next budget revision justification.

ORIGINAL		BR1		BR2		PRINT ORIGINAL		Click here and follow the on-screen instructions to print the Original Justification section below.	
Budget:	ORIGINAL								
Program:	Maternal, Child and Adolescent Health								
Agency:	Select.....								
SubK:									

Version 5.0 - 155 0 updates

Use the following link to access the current AFA webpage and the current base MCF % for year.....

(I) PERSONNEL DETAIL				BASE MEDI-CAL FACTOR %				Use the following link to access the current AFA webpage and the current base MCF % for year.....			
TOTALS		\$	-	\$	-						
INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (click link to view)	MCF % Justification Maximum characters = 1024
1			\$ - \$ -				MCAH				
2			\$ - \$ -				MCAH				
3			\$ - \$ -				MCAH				
4			\$ - \$ -				MCAH				
5			\$ - \$ -				MCAH				
6			\$ - \$ -				MCAH				
7			\$ - \$ -				MCAH				
8			\$ - \$ -				MCAH				
9			\$ - \$ -				MCAH				
10			\$ - \$ -				MCAH				
11			\$ - \$ -				MCAH				
12			\$ - \$ -				MCAH				
13			\$ - \$ -				MCAH				
14			\$ - \$ -				MCAH				

Budget Revision Hyperlinks

Set Print Area

Each justification sheet contains three budget revision sections. In order to print the correct justification for each budget revision you must change the print area. To do this click on the "PRINT" button and follow the on-screen instructions.

ORIGINAL		BR1		BR2		PRINT ORIGINAL		Click here and follow the on-screen instructions to print the Original Justification section below.	
Budget:	ORIGINAL								
Program:	Maternal, Child and Adolescent Health								
Agency:	Select.....								
SubK:									

Version 5.0 - 155 0 updates

Use the following link to access the current AFA webpage and the current base MCF % for year.....

(I) PERSONNEL DETAIL				BASE MEDI-CAL FACTOR %				Use the following link to access the current AFA webpage and the current base MCF % for year.....			
TOTALS		\$	-	\$	-						
INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (click link to view)	MCF % Justification Maximum characters = 1024
1			\$ - \$ -				MCAH				
2			\$ - \$ -				MCAH				
3			\$ - \$ -				MCAH				
4			\$ - \$ -				MCAH				
5			\$ - \$ -				MCAH				
6			\$ - \$ -				MCAH				
7			\$ - \$ -				MCAH				
8			\$ - \$ -				MCAH				
9			\$ - \$ -				MCAH				
10			\$ - \$ -				MCAH				

SUBK - SUBCONTRACTS

For agencies that have subcontracts, you will need to use a new template to keep track of the budget and invoices. Be sure to indicate the name of the SubK in cell C6 on the Original Budget sheet. Once the budget has been developed, you must transfer the percentages and total funding amount from Row 17 of the SubK Original Budget sheet to the Agency Original Budget sheet in the Subcontract section.

IMPORTANT: Be sure to copy and paste the values from the SubK budget into the Agency budget. Be sure to use the Paste Special function to prevent the formatting from being changed. The totals will not be accurate if you hard type the percentages.

SHORTCUTS

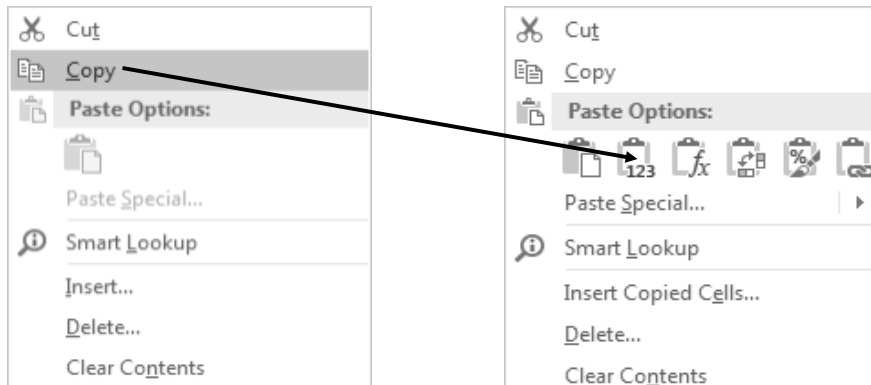
AutoFill Function

To copy data from one cell down to another without changing the format, use the right mouse button and click on the small square in the bottom right corner of the first cell, then drag down to the next cell. Finally, release the button and choose 'Fill Without Formatting'.



Paste Special Instructions

To copy data from cell to another without changing the format, right click on the first cell(s) and choose copy. Now click and/or highlight the cell(s) you would like to paste into. With your cursor on the highlighted cell(s) right click and choose 'Paste Special'. Make sure to choose 'Values' from the list of choices.



FILE NAME

Please use the following file name formats when saving this template:

Counties

[Agreement #] [Program] [Budget/Invoice] [Date]

*Examples: 201801 MCAH Q1 070118

201801 MCAH BR1 070118

CBOs

[Contract #] [FY] [Program] [Amendment/Invoice] [Date]

*Example: 17-10023 FY17-18 AFLP Q2 070118

17-10023 FY17-18 AFLP A01 070118

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR
2026-27

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BUDGET BALANCE
(0.00)

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN	CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
SubK:														
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →				418,395.00	#VALUE!									

EXPENSE CATEGORY														
(I) PERSONNEL	219,080.80		219,080.80		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	96,758.13		96,758.13		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	47,785.87		47,785.87		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	54,770.20		54,770.20		0.00		0.00		0.00		0.00		0.00	
BUDGET TOTALS*	418,395.00	100.00%	418,395.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00
	BALANCE(S)		(0.00)											

TOTAL CHVP - EBHV	418,395.00		418,395.00		[50%]	0.00		[25%]	0.00					
TOTAL TITLE XIX	0.00				[50%]	0.00		[50%]	0.00		[75%]	0.00		[75%]
TOTAL AGENCY FUNDS	0.00					0.00			0.00			0.00		

\$	418,395.00	Maximum Amount Payable from State and Federal resources
-----------	-------------------	--

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE	_____ DATE
--	---------------	--	---------------

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL	219,080.80			0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES	96,758.13			0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES	0.00			0.00	0.00	0.00	0.00
(IV) OTHER COSTS	47,785.87			0.00	0.00	0.00	0.00
(V) INDIRECT COSTS	54,770.20			0.00	0.00	0.00	0.00
Totals for PCA Codes	418,395.00	418,395.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Only NE		CHVP-SGF-E		CHVP-Only E	
SubK:						(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		(1)															
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL						% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH				% PERSONNEL MATCH			
						0.00%				0.00%				0.00%			
TOTAL OPERATING EXPENSES		96,758.13		96,758.13		0.00		0.00		0.00		0.00		0.00		0.00	Match Available
	TRAVEL	15,000.00	100.00%	15,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
	TRAINING	15,000.00	100.00%	15,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
1	Rent	18,519.40	100.00%	18,519.40		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
2	Utilities	6,157.92	100.00%	6,157.92		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
3	Office Supplies	10,450.40	100.00%	10,450.40		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
4	Program Supplies	16,776.00	100.00%	16,776.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
5	Cell Phones	456.12	100.00%	456.12		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
6	PAT Affiliate Fees	4,775.00	100.00%	4,775.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
7	Office Equipment	8,997.29	100.00%	8,997.29		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
8	Visit Tracker Yearly Subscription	626.00	100.00%	626.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
9				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
10				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
11				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
12				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
13				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
14				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
15				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																	
(III) CAPITAL EXPENDITURE DETAIL																	
TOTAL CAPITAL EXPENDITURES				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS DETAIL																	
TOTAL OTHER COSTS		47,785.87		47,785.87		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
SUBCONTRACTS																	
1				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
9				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
10				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
11				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
12				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
13				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
14				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
15				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
16				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
17				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
18				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
OTHER CHARGES																	
1	Client Support	34,785.87	100.00%	34,785.87		0.00		0.00		0.00		0.00		0.00		0.00	Match Available
2	Advertising/Outreach	8,000.00	100.00%	8,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
3	PAT Monthly Group Connections	5,000.00	100.00%	5,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS DETAIL																	
TOTAL INDIRECT COSTS		54,770.20		54,770.20		0.00		0.00		0.00		0.00		0.00		0.00	
25.00%	of Total Wages + Fringe Benefits	54,770.20	100.00%	54,770.20		0.00	0.00%	0.00		0.00		0.00		0.00		0.00	

Program:	California Home Visiting Program (EBHV)					UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN																	
SubK:						CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
						(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
						TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL																	J-Pers MCF Per Staff	Staff Traveling (X)
				TOTAL PERSONNEL COSTS	219,080.80		219,080.80		0.00		0.00		0.00		0.00			
				FRINGE BENEFIT RATE	35.30%	57,158.55	57,158.55		0.00		0.00		0.00		0.00			
				TOTAL WAGES	161,922.25	161,922.25		0.00		0.00		0.00		0.00		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES													
1	Natalie Ruegger	Public Health Director	2.50%	138,943.15	3,473.58	100.00%	3,473.58		0.00		0.00		0.00		0.00		51.00%	
2	Morgan Pierce	MCAH Director	5.00%	88,701.56	4,435.08	100.00%	4,435.08		0.00		0.00		0.00		0.00		51.00%	
3	Mondy Rigling	CHVP Manager	25.00%	62,890.37	15,722.59	100.00%	15,722.59		0.00		0.00		0.00		0.00		51.00%	
4	Taylor Knecht	CHVP Coordinator	50.00%	72,394.00	36,197.00	100.00%	36,197.00		0.00		0.00		0.00		0.00		51.00%	
5	Taylor Knecht	Home Visitor	50.00%	72,394.00	36,197.00	100.00%	36,197.00		0.00		0.00		0.00		0.00		51.00%	
6	Vacant	Home Visitor	100.00%	52,997.00	52,997.00	100.00%	52,997.00		0.00		0.00		0.00		0.00		51.00%	
7	Sarah Chapin	Program Assistant	30.00%	43,000.00	12,900.00	100.00%	12,900.00		0.00		0.00		0.00		0.00		51.00%	
8					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
9					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
10					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00%	

Program: Agency: SubK:		California Home Visiting Program (EBHV) 202618 LASSEN					UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
							CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E					
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)								
							TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*			
55						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
56						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
57						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
58						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
59						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
60						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
61						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
62						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
63						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
64						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
65						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
66						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
67						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
68						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
69						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
70						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
71						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
72						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
73						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
74						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
75						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
76						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
77						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
78						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
79						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
80						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
81						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
82						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
83						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
84						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
85						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
86						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
87						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
88						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
89						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
90						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
91						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
92						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
93						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
94						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
95						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
96						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
97						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
98						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
99						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
100						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
101						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
102						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
103						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
104						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
105						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
106						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
107						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
108						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
109						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
110						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
111						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
112						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
113						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
114						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
115						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
116						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
117						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Program: Agency: SubK:		California Home Visiting Program (EBHV) 202618 LASSEN				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Only NE		CHVP-SGF-E		CHVP-Only E							
						(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
						TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
118						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
119						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
120						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
121						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
122						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
123						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
124						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
125						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
126						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
127						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
128						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
129						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
130						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
131						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
132						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
133						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
134						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
135						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
136						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
137						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
138						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
139						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
140						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
141						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
142						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
143						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
144						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
145						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
146						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
147						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
148						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
149						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
150						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%

BR1

BUDGET SUMMARY

FISCAL YEAR
2026-27

BUDGET
BR1

BUDGET STATUS
NOT ACTIVE

BUDGET BALANCE
(0.00)

Version 7.0 - 150 Quarterly 4.10.26

The Original budget is currently Active

Program:	California Home Visiting Program (EBHV)			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:	202618 LASSEN																
SubK:				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
				(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
				TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
				ALLOCATION(S) →		418,395.00										#VALUE!	

EXPENSE CATEGORY														
(I) PERSONNEL	219,080.80		219,080.80		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	96,758.13		96,758.13		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	47,785.87		47,785.87		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	54,770.20		54,770.20		0.00		0.00		0.00		0.00		0.00	
BUDGET TOTALS*	418,395.00	100.00%	418,395.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00
BALANCE(S) →			(0.00)											

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

418,395.00	→	418,395.00	[50%]	0.00	[25%]	0.00
0.00	→		[50%]	0.00	[75%]	0.00
0.00	→	0.00	[50%]	0.00	[25%]	0.00

\$ 418,395.00	Maximum Amount Payable from State and Federal resources
WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	
MCAH/PROJECT DIRECTOR'S SIGNATURE	AGENCY FISCAL AGENT'S SIGNATURE
DATE	DATE

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		219,080.80		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		96,758.13		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		47,785.87		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		54,770.20		0.00	0.00	0.00	0.00
Totals for PCA Codes	418,395.00	418,395.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
SubK:															
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL				RECONCILIATION SECTION (Remaining Funds)											% PERSONNEL MATCH
TOTAL OPERATING EXPENSES		96,758.13	100.00%	96,758.13	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
TRAVEL		15,000.00	100.00%	15,000.00		0.00		0.00		0.00		0.00		0.00	Match Available
TRAINING		15,000.00	100.00%	15,000.00		0.00		0.00		0.00		0.00		0.00	0.00%
1 Rent		18,519.40	100.00%	18,519.40		0.00		0.00		0.00		0.00		0.00	0.00%
2 Utilities		6,157.92	100.00%	6,157.92		0.00		0.00		0.00		0.00		0.00	0.00%
3 Office Supplies		10,450.40	100.00%	10,450.40		0.00		0.00		0.00		0.00		0.00	0.00%
4 Program Supplies		16,776.00	100.00%	16,776.00		0.00		0.00		0.00		0.00		0.00	0.00%
5 Cell Phones		456.12	100.00%	456.12		0.00		0.00		0.00		0.00		0.00	0.00%
6 PAT Affiliate Fees		4,775.00	100.00%	4,775.00		0.00		0.00		0.00		0.00		0.00	0.00%
7 Office Equipment		8,997.29	100.00%	8,997.29		0.00		0.00		0.00		0.00		0.00	0.00%
8 Visit Tracker Yearly Subscription		626.00	100.00%	626.00		0.00		0.00		0.00		0.00		0.00	0.00%
9				0.00		0.00		0.00		0.00		0.00		0.00	
10				0.00		0.00		0.00		0.00		0.00		0.00	
11				0.00		0.00		0.00		0.00		0.00		0.00	
12				0.00		0.00		0.00		0.00		0.00		0.00	
13				0.00		0.00		0.00		0.00		0.00		0.00	
14				0.00		0.00		0.00		0.00		0.00		0.00	
15				0.00		0.00		0.00		0.00		0.00		0.00	
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.															
(III) CAPITAL EXPENDITURE DETAIL				RECONCILIATION SECTION (Remaining Funds)											
TOTAL CAPITAL EXPENDITURES		0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00			
				0.00		0.00		0.00		0.00		0.00			
(IV) OTHER COSTS DETAIL				RECONCILIATION SECTION (Remaining Funds)											% PERSONNEL MATCH
TOTAL OTHER COSTS		47,785.87	100.00%	47,785.87	100.00%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	Match Available
SUBCONTRACTS															
1				0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00	
9				0.00		0.00		0.00		0.00		0.00		0.00	
10				0.00		0.00		0.00		0.00		0.00		0.00	
11				0.00		0.00		0.00		0.00		0.00		0.00	
12				0.00		0.00		0.00		0.00		0.00		0.00	
13				0.00		0.00		0.00		0.00		0.00		0.00	
14				0.00		0.00		0.00		0.00		0.00		0.00	
15				0.00		0.00		0.00		0.00		0.00		0.00	
16				0.00		0.00		0.00		0.00		0.00		0.00	
17				0.00		0.00		0.00		0.00		0.00		0.00	
18				0.00		0.00		0.00		0.00		0.00		0.00	
OTHER CHARGES															Match Available
1 Client Support		34,785.87	100.00%	34,785.87		0.00		0.00		0.00		0.00		0.00	0.00%
2 Advertising/Outreach		8,000.00	100.00%	8,000.00		0.00		0.00		0.00		0.00		0.00	0.00%
3 PAT Monthly Group Connections		5,000.00	100.00%	5,000.00		0.00		0.00		0.00		0.00		0.00	0.00%
4				0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS DETAIL				RECONCILIATION SECTION (Remaining Funds)											
TOTAL INDIRECT COSTS		54,770.20	100.00%	54,770.20	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00			
25.00% of Total Wages + Fringe Benefits		54,770.20	100.00%	54,770.20		0.00		0.00		0.00%		0.00			

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL						RECONCILIATION SECTION (Remaining Funds)													J-Pers MCF Per Staff	Staff Traveling (A)
						100.00%	219,080.80			0.00		0.00		0.00		0.00		0.00		
							219,080.80			0.00		0.00		0.00		0.00		0.00		
FRINGE BENEFIT RATE			35.30%		57,158.55		57,158.55			0.00		0.00		0.00		0.00		0.00		
TOTAL WAGES					161,922.25		161,922.25			0.00		0.00		0.00		0.00		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES															
1	Natalie Ruegger	Public Health Director	2.50%	138,943.15	3,473.58	100.00%	3,473.58			0.00		0.00		0.00		0.00		0.00	51.00%	
2	Morgan Pierce	MCAH Director	5.00%	88,701.56	4,435.08	100.00%	4,435.08			0.00		0.00		0.00		0.00		0.00	51.00%	
3	Mondy Rigling	CHVP Manager	25.00%	62,890.37	15,722.59	100.00%	15,722.59			0.00		0.00		0.00		0.00		0.00	51.00%	
4	Taylor Knecht	CHVP Coordinator	50.00%	72,394.00	36,197.00	100.00%	36,197.00			0.00		0.00		0.00		0.00		0.00	51.00%	
5	Taylor Knecht	Home Visitor	50.00%	72,394.00	36,197.00	100.00%	36,197.00			0.00		0.00		0.00		0.00		0.00	51.00%	
6	Vacant	Home Visitor	100.00%	52,997.00	52,997.00	100.00%	52,997.00			0.00		0.00		0.00		0.00		0.00	51.00%	
7	Sarah Chapin	Program Assistant	30.00%	43,000.00	12,900.00	100.00%	12,900.00			0.00		0.00		0.00		0.00		0.00	51.00%	
8					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
9					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
10					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
11					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
12					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
13					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
14					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
15					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
16					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
17					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
18					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
19					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
20					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
21					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
22					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
23					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
24					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
25					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
26					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
27					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
28					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
29					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
30					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	

Budget:

Program:

Agency:

SubK:

ORIGINAL
California Home Visiting Program (EBHV)
202618 LASSEN
0

(I) PERSONNEL DETAIL						BASE MEDI-CAL PERCENTAGE %		51.00%		Use the following link to access the current AFA webpage and the current base MCP% for your agency:	
TOTALS			2.63	\$ 531,320.08	\$ 161,922.25		57,158.55				
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCP %	MCP Type	Requirements (Click link to view)
1	Natalie Ruegger	Public Health Director	2.50%	\$ 138,943	\$ 3,474	35.30%	1,226.17	CHVP	51.00%	Base	
2	Morgan Pierce	MCAH Director	5.00%	\$ 88,702	\$ 4,435	35.30%	1,565.58	CHVP	51.00%	Base	
3	Mondy Rigling	CHVP Manager	25.00%	\$ 62,890	\$ 15,723	35.30%	5,550.08	CHVP	51.00%	Base	
4	Taylor Knecht	CHVP Coordinator	50.00%	\$ 72,394	\$ 36,197	35.30%	12,777.54	CHVP	51.00%	Base	
5	Taylor Knecht	Home Visitor	50.00%	\$ 72,394	\$ 36,197	35.30%	12,777.54	CHVP	51.00%	Base	
6	Vacant	Home Visitor	100.00%	\$ 52,997	\$ 52,997	35.30%	18,707.94	CHVP	51.00%	Base	
7	Sarah Chapin	Program Assistant	30.00%	\$ 43,000	\$ 12,900	35.30%	4,553.70	CHVP	51.00%	Base	
8			0.00%	\$ -	\$ -			CHVP	0.00%	0	
9			0.00%	\$ -	\$ -			CHVP	0.00%	0	
10			0.00%	\$ -	\$ -			CHVP	0.00%	0	
11			0.00%	\$ -	\$ -			CHVP	0.00%	0	
12			0.00%	\$ -	\$ -			CHVP	0.00%	0	
13			0.00%	\$ -	\$ -			CHVP	0.00%	0	
14			0.00%	\$ -	\$ -			CHVP	0.00%	0	
15			0.00%	\$ -	\$ -			CHVP	0.00%	0	
16			0.00%	\$ -	\$ -			CHVP	0.00%	0	
17			0.00%	\$ -	\$ -			CHVP	0.00%	0	
18			0.00%	\$ -	\$ -			CHVP	0.00%	0	
19			0.00%	\$ -	\$ -			CHVP	0.00%	0	
20			0.00%	\$ -	\$ -			CHVP	0.00%	0	
21			0.00%	\$ -	\$ -			CHVP	0.00%	0	
22			0.00%	\$ -	\$ -			CHVP	0.00%	0	
23			0.00%	\$ -	\$ -			CHVP	0.00%	0	
24			0.00%	\$ -	\$ -			CHVP	0.00%	0	
25			0.00%	\$ -	\$ -			CHVP	0.00%	0	
26			0.00%	\$ -	\$ -			CHVP	0.00%	0	
27			0.00%	\$ -	\$ -			CHVP	0.00%	0	
28			0.00%	\$ -	\$ -			CHVP	0.00%	0	
29			0.00%	\$ -	\$ -			CHVP	0.00%	0	
30			0.00%	\$ -	\$ -			CHVP	0.00%	0	
31			0.00%	\$ -	\$ -			CHVP	0.00%	0	
32			0.00%	\$ -	\$ -			CHVP	0.00%	0	
33			0.00%	\$ -	\$ -			CHVP	0.00%	0	
34			0.00%	\$ -	\$ -			CHVP	0.00%	0	
35			0.00%	\$ -	\$ -			CHVP	0.00%	0	
36			0.00%	\$ -	\$ -			CHVP	0.00%	0	
37			0.00%	\$ -	\$ -			CHVP	0.00%	0	
38			0.00%	\$ -	\$ -			CHVP	0.00%	0	
39			0.00%	\$ -	\$ -			CHVP	0.00%	0	
40			0.00%	\$ -	\$ -			CHVP	0.00%	0	
41			0.00%	\$ -	\$ -			CHVP	0.00%	0	
42			0.00%	\$ -	\$ -			CHVP	0.00%	0	
43			0.00%	\$ -	\$ -			CHVP	0.00%	0	
44			0.00%	\$ -	\$ -			CHVP	0.00%	0	
45			0.00%	\$ -	\$ -			CHVP	0.00%	0	
46			0.00%	\$ -	\$ -			CHVP	0.00%	0	
47			0.00%	\$ -	\$ -			CHVP	0.00%	0	

Budget:

Program:

Agency:

SubK:

ORIGINAL
California Home Visiting Program (EBHV)
202618 LASSEN
0

48			0.00%	\$ -	\$ -			CHVP	0.00%	0	
49			0.00%	\$ -	\$ -			CHVP	0.00%	0	
50			0.00%	\$ -	\$ -			CHVP	0.00%	0	
51			0.00%	\$ -	\$ -			CHVP	0.00%	0	
52			0.00%	\$ -	\$ -			CHVP	0.00%	0	
53			0.00%	\$ -	\$ -			CHVP	0.00%	0	
54			0.00%	\$ -	\$ -			CHVP	0.00%	0	
55			0.00%	\$ -	\$ -			CHVP	0.00%	0	
56			0.00%	\$ -	\$ -			CHVP	0.00%	0	
57			0.00%	\$ -	\$ -			CHVP	0.00%	0	
58			0.00%	\$ -	\$ -			CHVP	0.00%	0	
59			0.00%	\$ -	\$ -			CHVP	0.00%	0	
60			0.00%	\$ -	\$ -			CHVP	0.00%	0	
61			0.00%	\$ -	\$ -			CHVP	0.00%	0	
62			0.00%	\$ -	\$ -			CHVP	0.00%	0	
63			0.00%	\$ -	\$ -			CHVP	0.00%	0	
64			0.00%	\$ -	\$ -			CHVP	0.00%	0	
65			0.00%	\$ -	\$ -			CHVP	0.00%	0	
66			0.00%	\$ -	\$ -			CHVP	0.00%	0	
67			0.00%	\$ -	\$ -			CHVP	0.00%	0	
68			0.00%	\$ -	\$ -			CHVP	0.00%	0	
69			0.00%	\$ -	\$ -			CHVP	0.00%	0	
70			0.00%	\$ -	\$ -			CHVP	0.00%	0	
71			0.00%	\$ -	\$ -			CHVP	0.00%	0	
72			0.00%	\$ -	\$ -			CHVP	0.00%	0	
73			0.00%	\$ -	\$ -			CHVP	0.00%	0	
74			0.00%	\$ -	\$ -			CHVP	0.00%	0	
75			0.00%	\$ -	\$ -			CHVP	0.00%	0	
76			0.00%	\$ -	\$ -			CHVP	0.00%	0	
77			0.00%	\$ -	\$ -			CHVP	0.00%	0	
78			0.00%	\$ -	\$ -			CHVP	0.00%	0	
79			0.00%	\$ -	\$ -			CHVP	0.00%	0	
80			0.00%	\$ -	\$ -			CHVP	0.00%	0	
81			0.00%	\$ -	\$ -			CHVP	0.00%	0	
82			0.00%	\$ -	\$ -			CHVP	0.00%	0	
83			0.00%	\$ -	\$ -			CHVP	0.00%	0	
84			0.00%	\$ -	\$ -			CHVP	0.00%	0	
85			0.00%	\$ -	\$ -			CHVP	0.00%	0	
86			0.00%	\$ -	\$ -			CHVP	0.00%	0	
87			0.00%	\$ -	\$ -			CHVP	0.00%	0	
88			0.00%	\$ -	\$ -			CHVP	0.00%	0	
89			0.00%	\$ -	\$ -			CHVP	0.00%	0	
90			0.00%	\$ -	\$ -			CHVP	0.00%	0	
91			0.00%	\$ -	\$ -			CHVP	0.00%	0	
92			0.00%	\$ -	\$ -			CHVP	0.00%	0	
93			0.00%	\$ -	\$ -			CHVP	0.00%	0	
94			0.00%	\$ -	\$ -			CHVP	0.00%	0	
95			0.00%	\$ -	\$ -			CHVP	0.00%	0	
96			0.00%	\$ -	\$ -			CHVP	0.00%	0	
97			0.00%	\$ -	\$ -			CHVP	0.00%	0	
98			0.00%	\$ -	\$ -			CHVP	0.00%	0	
99			0.00%	\$ -	\$ -			CHVP	0.00%	0	
100			0.00%	\$ -	\$ -			CHVP	0.00%	0	
101			0.00%	\$ -	\$ -			CHVP	0.00%	0	
102			0.00%	\$ -	\$ -			CHVP	0.00%	0	

Budget:

Program:

Agency:

SubK:

ORIGINAL
California Home Visiting Program (EBHV)
202618 LASSEN
0

103			0.00%	\$ -	\$ -			CHVP	0.00%	0	
104			0.00%	\$ -	\$ -			CHVP	0.00%	0	
105			0.00%	\$ -	\$ -			CHVP	0.00%	0	
106			0.00%	\$ -	\$ -			CHVP	0.00%	0	
107			0.00%	\$ -	\$ -			CHVP	0.00%	0	
108			0.00%	\$ -	\$ -			CHVP	0.00%	0	
109			0.00%	\$ -	\$ -			CHVP	0.00%	0	
110			0.00%	\$ -	\$ -			CHVP	0.00%	0	
111			0.00%	\$ -	\$ -			CHVP	0.00%	0	
112			0.00%	\$ -	\$ -			CHVP	0.00%	0	
113			0.00%	\$ -	\$ -			CHVP	0.00%	0	
114			0.00%	\$ -	\$ -			CHVP	0.00%	0	
115			0.00%	\$ -	\$ -			CHVP	0.00%	0	
116			0.00%	\$ -	\$ -			CHVP	0.00%	0	
117			0.00%	\$ -	\$ -			CHVP	0.00%	0	
118			0.00%	\$ -	\$ -			CHVP	0.00%	0	
119			0.00%	\$ -	\$ -			CHVP	0.00%	0	
120			0.00%	\$ -	\$ -			CHVP	0.00%	0	
121			0.00%	\$ -	\$ -			CHVP	0.00%	0	
122			0.00%	\$ -	\$ -			CHVP	0.00%	0	
123			0.00%	\$ -	\$ -			CHVP	0.00%	0	
124			0.00%	\$ -	\$ -			CHVP	0.00%	0	
125			0.00%	\$ -	\$ -			CHVP	0.00%	0	
126			0.00%	\$ -	\$ -			CHVP	0.00%	0	
127			0.00%	\$ -	\$ -			CHVP	0.00%	0	
128			0.00%	\$ -	\$ -			CHVP	0.00%	0	
129			0.00%	\$ -	\$ -			CHVP	0.00%	0	
130			0.00%	\$ -	\$ -			CHVP	0.00%	0	
131			0.00%	\$ -	\$ -			CHVP	0.00%	0	
132			0.00%	\$ -	\$ -			CHVP	0.00%	0	
133			0.00%	\$ -	\$ -			CHVP	0.00%	0	
134			0.00%	\$ -	\$ -			CHVP	0.00%	0	
135			0.00%	\$ -	\$ -			CHVP	0.00%	0	
136			0.00%	\$ -	\$ -			CHVP	0.00%	0	
137			0.00%	\$ -	\$ -			CHVP	0.00%	0	
138			0.00%	\$ -	\$ -			CHVP	0.00%	0	
139			0.00%	\$ -	\$ -			CHVP	0.00%	0	
140			0.00%	\$ -	\$ -			CHVP	0.00%	0	
141			0.00%	\$ -	\$ -			CHVP	0.00%	0	
142			0.00%	\$ -	\$ -			CHVP	0.00%	0	
143			0.00%	\$ -	\$ -			CHVP	0.00%	0	
144			0.00%	\$ -	\$ -			CHVP	0.00%	0	
145			0.00%	\$ -	\$ -			CHVP	0.00%	0	
146			0.00%	\$ -	\$ -			CHVP	0.00%	0	
147			0.00%	\$ -	\$ -			CHVP	0.00%	0	
148			0.00%	\$ -	\$ -			CHVP	0.00%	0	
149			0.00%	\$ -	\$ -			CHVP	0.00%	0	
150			0.00%	\$ -	\$ -			CHVP	0.00%	0	

INVOICE SUMMARY

FISCAL YEAR
2026-27

INVOICE #
202618 EBHV Q1

INVOICE PERIOD
July - September

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV			AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

EXPENSE CATEGORY														
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00	→	0.00	[50%]	0.00	[25%]	0.00	[75%]	0.00
0.00	→		[50%]	0.00	[50%]	0.00	[75%]	0.00
0.00	→	0.00			[50%]	0.00	[25%]	0.00

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.
MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____	AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
Subk:															
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH
TOTAL OPERATING EXPENSES			100.00%	96,758.13	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
				0.00		0.00		0.00		0.00		0.00		0.00	Match Available
TRAVEL															
TRAINING															
1 Rent															
2 Utilities															
3 Office Supplies															
4 Program Supplies															
5 Cell Phones															
6 PAT Affiliate Fees															
7 Office Equipment															
8 Visit Tracker Yearly Subscription															
9															
10															
11															
12															
13															
14															
15															
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.															
(III) CAPITAL EXPENDITURE DETAIL			RECONCILIATION SECTION (Remaining Funds)												
TOTAL CAPITAL EXPENDITURES			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00			
(IV) OTHER COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH
TOTAL OTHER COSTS			100.00%	47,785.87	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
SUBCONTRACTS				0.00		0.00		0.00		0.00		0.00		0.00	Match Available
1				0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00	
9				0.00		0.00		0.00		0.00		0.00		0.00	
10				0.00		0.00		0.00		0.00		0.00		0.00	
11				0.00		0.00		0.00		0.00		0.00		0.00	
12				0.00		0.00		0.00		0.00		0.00		0.00	
13				0.00		0.00		0.00		0.00		0.00		0.00	
14				0.00		0.00		0.00		0.00		0.00		0.00	
15				0.00		0.00		0.00		0.00		0.00		0.00	
16				0.00		0.00		0.00		0.00		0.00		0.00	
17				0.00		0.00		0.00		0.00		0.00		0.00	
18				0.00		0.00		0.00		0.00		0.00		0.00	
OTHER CHARGES															Match Available
1 Client Support															
2 Advertising/Outreach															
3 PAT Monthly Group Connections															
4															
5															
6															
7															
8															
(V) INDIRECT COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)												
TOTAL INDIRECT COSTS			100.00%	54,770.20	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00			
				0.00		0.00		0.00		0.00		0.00		0.00	
25.00% of Total Wages + Fringe Benefits			0.00	0.00		0.00		0.00		0.00		0.00		0.00	

Program:	California Home Visiting Program (EBHV)			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN															
SubK:				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
BUDGET LINE ITEMS ORIGINAL				(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
				TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL						RECONCILIATION SECTION (Remaining Funds)										% Time in Prog.	Staff Traveling (X)
TOTAL PERSONNEL COSTS						100.00%	219,080.80	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
FRINGE BENEFITS							0.00		0.00		0.00		0.00		0.00		
TOTAL WAGES							0.00		0.00		0.00		0.00		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												
1	Natalie Ruegger	Public Health Director															
2	Morgan Pierce	MCAH Director															
3	Mondy Rigling	CHVP Manager															
4	Taylor Knecht	CHVP Coordinator															
5	Taylor Knecht	Home Visitor															
6	Vacant	Home Visitor															
7	Sarah Chapin	Program Assistant															
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	
35																	
36																	
37																	
38																	
39																	
40																	
41																	
42																	
43																	
44																	
45																	
46																	
47																	
48																	
49																	
50																	
51																	
52																	
53																	
54																	

Program:		California Home Visiting Program (EBHV)					UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN					CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
SubK:																			
BUDGET LINE ITEMS						(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
ORIGINAL						TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
55																			
56																			
57																			
58																			
59																			
60																			
61																			
62																			
63																			
64																			
65																			
66																			
67																			
68																			
69																			
70																			
71																			
72																			
73																			
74																			
75																			
76																			
77																			
78																			
79																			
80																			
81																			
82																			
83																			
84																			
85																			
86																			
87																			
88																			
89																			
90																			
91																			
92																			
93																			
94																			
95																			
96																			
97																			
98																			
99																			
100																			
101																			
102																			
103																			
104																			
105																			
106																			
107																			
108																			
109																			
110																			
111																			
112																			
113																			
114																			
115																			
116																			
117																			
118																			

Program:		California Home Visiting Program (EBHV)				UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		202618 LASSEN									CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE	
Agency:																		
SubK:																		
BUDGET LINE ITEMS						(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL						TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
119																		
120																		
121																		
122																		
123																		
124																		
125																		
126																		
127																		
128																		
129																		
130																		
131																		
132																		
133																		
134																		
135																		
136																		
137																		
138																		
139																		
140																		
141																		
142																		
143																		
144																		
145																		
146																		
147																		
148																		
149																		
150																		

Department/County: 202618 LASSEN
Program Name: California Home Visiting Program (EBHV)
Invoice Number(s): 202618 EBHV Q1
FY and Quarter: FY 2026-27 202618 EBHV Q1

Total amount of requested Title XIX funding:	\$	-
Period(s) of Service:	July - September	

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off		
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):		
				10, 11		1, 4, 5, 7		2, 3, 6, 8, 9		12		
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost	
1	Natalie Ruegger	Public Health Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2	Morgan Pierce	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3	Mondy Rigling	CHVP Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4	Taylor Knecht	CHVP Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5	Taylor Knecht	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
6	Vacant	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
7	Sarah Chapin	Program Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
8												
9												
10												
11												
12												
13				\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											
97											
98											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
99											
100											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA					\$0.00		\$0.00		\$0.00		\$0.00
Title XIX federal funding:							\$0.00		\$0.00		\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: \$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

sign and print name

INVOICE SUMMARY

FISCAL YEAR
2026-27

INVOICE #
202618 EBHV Q2

INVOICE PERIOD
October - December

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV			AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

EXPENSE CATEGORY														
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00	→	0.00	[50%]	0.00	[25%]	0.00	[50%]	0.00	[75%]	0.00
0.00	→		[50%]	0.00	[50%]	0.00	[75%]	0.00	[75%]	0.00
0.00	→	0.00			[50%]	0.00			[25%]	0.00

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES. AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.	
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE _____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN															
SubK:																	
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E					
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*			
(II) OPERATING EXPENSES DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH		
			100.00%	96,758.13	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%		
TOTAL OPERATING EXPENSES			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Match Available		
TRAVEL																	
TRAINING																	
1 Rent																	
2 Utilities																	
3 Office Supplies																	
4 Program Supplies																	
5 Cell Phones																	
6 PAT Affiliate Fees																	
7 Office Equipment																	
8 Visit Tracker Yearly Subscription																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
TOTAL CAPITAL EXPENDITURES														

(IV) OTHER COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH
			100.00%	47,785.87	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
TOTAL OTHER COSTS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
SUBCONTRACTS															Match Available
1				0.00		0.00		0.00		0.00		0.00			
2				0.00		0.00		0.00		0.00		0.00			
3				0.00		0.00		0.00		0.00		0.00			
4				0.00		0.00		0.00		0.00		0.00			
5				0.00		0.00		0.00		0.00		0.00			
6				0.00		0.00		0.00		0.00		0.00		0	
7				0.00		0.00		0.00		0.00		0.00		0	
8				0.00		0.00		0.00		0.00		0.00		0	
9				0.00		0.00		0.00		0.00		0.00			
10				0.00		0.00		0.00		0.00		0.00			
11				0.00		0.00		0.00		0.00		0.00			
12				0.00		0.00		0.00		0.00		0.00			
13				0.00		0.00		0.00		0.00		0.00			
14				0.00		0.00		0.00		0.00		0.00			
15				0.00		0.00		0.00		0.00		0.00			
16				0.00		0.00		0.00		0.00		0.00			
17				0.00		0.00		0.00		0.00		0.00			
18				0.00		0.00		0.00		0.00		0.00			
OTHER CHARGES															Match Available
1 Client Support															
2 Advertising/Outreach															
3 PAT Monthly Group Connections															
4															
5															
6															
7															
8															

(V) INDIRECT COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			100.00%	54,770.20	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
TOTAL INDIRECT COSTS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
25.00% of Total Wages + Fringe Benefits			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
BUDGET LINE ITEMS ORIGINAL		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL						RECONCILIATION SECTION (Remaining Funds)										% Time in Prog.	Staff Traveling (X)
TOTAL PERSONNEL COSTS						100.00%	219,080.80	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
FRINGE BENEFITS							0.00		0.00		0.00		0.00		0.00		0.00
TOTAL WAGES							0.00		0.00		0.00		0.00		0.00		0.00
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												
1	Natalie Ruegger	Public Health Director															
2	Morgan Pierce	MCAH Director															
3	Mondy Rigling	CHVP Manager															
4	Taylor Knecht	CHVP Coordinator															
5	Taylor Knecht	Home Visitor															
6	Vacant	Home Visitor															
7	Sarah Chapin	Program Assistant															
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	

Department/County: 202618 LASSEN
Program Name: California Home Visiting Program (EBHV)
Invoice Number(s): 202618 EBHV Q2
FY and Quarter: FY 2026-27 202618 EBHV Q2

Total amount of requested Title XIX funding:	\$	-
Period(s) of Service:	October - December	

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Natalie Ruegger	Public Health Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
2	Morgan Pierce	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
3	Mondy Rigling	CHVP Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
4	Taylor Knecht	CHVP Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
5	Taylor Knecht	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
6	Vacant	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
7	Sarah Chapin	Program Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
8											
9											
10											
11											
12											
13			\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				10, 11		1, 4, 5, 7		2, 3, 6, 8, 9		12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00		\$0.00		\$0.00		\$0.00	
Title XIX federal funding:						\$0.00		\$0.00		\$0.00	

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling:

\$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by:

sign and print name

Title:

Phone:

Email:

INVOICE SUMMARY

FISCAL YEAR
2026-27

INVOICE #
202618 EBHV Q3

INVOICE PERIOD
January - March

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

EXPENSE CATEGORY														
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00	→	0.00	[50%]	0.00	[25%]	0.00	[50%]	0.00	[75%]	0.00	[25%]	0.00
0.00	→		[50%]	0.00	[50%]	0.00	[75%]	0.00	[75%]	0.00	[25%]	0.00
0.00	→			0.00			[50%]	0.00			[25%]	0.00

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES. AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.	
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE _____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN															
SubK:																	
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E					
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*			
(II) OPERATING EXPENSES DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH		
			100.00%	96,758.13	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%		
TOTAL OPERATING EXPENSES			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Match Available		
TRAVEL																	
TRAINING																	
1 Rent																	
2 Utilities																	
3 Office Supplies																	
4 Program Supplies																	
5 Cell Phones																	
6 PAT Affiliate Fees																	
7 Office Equipment																	
8 Visit Tracker Yearly Subscription																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
TOTAL CAPITAL EXPENDITURES														

(IV) OTHER COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH
			100.00%	47,785.87	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
TOTAL OTHER COSTS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
SUBCONTRACTS															Match Available
1				0.00		0.00		0.00		0.00		0.00			
2				0.00		0.00		0.00		0.00		0.00			
3				0.00		0.00		0.00		0.00		0.00			
4				0.00		0.00		0.00		0.00		0.00			
5				0.00		0.00		0.00		0.00		0.00			
6				0.00		0.00		0.00		0.00		0.00		0	
7				0.00		0.00		0.00		0.00		0.00		0	
8				0.00		0.00		0.00		0.00		0.00		0	
9				0.00		0.00		0.00		0.00		0.00			
10				0.00		0.00		0.00		0.00		0.00			
11				0.00		0.00		0.00		0.00		0.00			
12				0.00		0.00		0.00		0.00		0.00			
13				0.00		0.00		0.00		0.00		0.00			
14				0.00		0.00		0.00		0.00		0.00			
15				0.00		0.00		0.00		0.00		0.00			
16				0.00		0.00		0.00		0.00		0.00			
17				0.00		0.00		0.00		0.00		0.00			
18				0.00		0.00		0.00		0.00		0.00			
OTHER CHARGES															Match Available
1 Client Support															
2 Advertising/Outreach															
3 PAT Monthly Group Connections															
4															
5															
6															
7															
8															

(V) INDIRECT COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			100.00%	54,770.20	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
TOTAL INDIRECT COSTS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
25.00% of Total Wages + Fringe Benefits			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
BUDGET LINE ITEMS ORIGINAL		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL						RECONCILIATION SECTION (Remaining Funds)										% Time in Prog.	Staff Traveling (X)
TOTAL PERSONNEL COSTS						100.00%	219,080.80	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
FRINGE BENEFITS							0.00		0.00		0.00		0.00		0.00		0.00
TOTAL WAGES							0.00		0.00		0.00		0.00		0.00		0.00
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												
1	Natalie Ruegger	Public Health Director															
2	Morgan Pierce	MCAH Director															
3	Mondy Rigling	CHVP Manager															
4	Taylor Knecht	CHVP Coordinator															
5	Taylor Knecht	Home Visitor															
6	Vacant	Home Visitor															
7	Sarah Chapin	Program Assistant															
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	

Department/County: 202618 LASSEN
Program Name: California Home Visiting Program (EBHV)
Invoice Number(s): 202618 EBHV Q3
FY and Quarter: FY 2026-27 202618 EBHV Q3

Total amount of requested Title XIX funding:	\$	-
Period(s) of Service:	January - March	

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Natalie Ruegger	Public Health Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
2	Morgan Pierce	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
3	Mondy Rigling	CHVP Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
4	Taylor Knecht	CHVP Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
5	Taylor Knecht	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
6	Vacant	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
7	Sarah Chapin	Program Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
8											
9											
10											
11											
12											
13			\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				10, 11		1, 4, 5, 7		2, 3, 6, 8, 9		12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00		\$0.00		\$0.00		\$0.00	
Title XIX federal funding:						\$0.00		\$0.00		\$0.00	

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: \$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by:

sign and print name

Title:

Phone:

Email:

INVOICE SUMMARY	FISCAL YEAR	INVOICE #	INVOICE PERIOD
	2026-27	202618 EBHV Q4	April - June

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN														
SubK:		CHVP - EBHV			AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	

EXPENSE CATEGORY														
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

TOTAL CHVP - EBHV	0.00	→	0.00	[50%]	0.00	[25%]	0.00		
TOTAL TITLE XIX	0.00	→		[50%]	0.00	[50%]	0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→	0.00	[50%]	0.00	[50%]	0.00	[75%]	0.00

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.
FINAL INVOICE Y/N?	
MCAH/PROJECT DIRECTOR'S SIGNATURE	AGENCY FISCAL AGENT'S SIGNATURE
DATE	DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00	0.00	0.00

(V) INDIRECT COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)							
			100.00%	54,770.20	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL INDIRECT COSTS		0.00		0.00		0.00		0.00		0.00
25.00%	of Total Wages + Fringe Benefits	0.00		0.00		0.00		0.00		0.00

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			100.00%	219,080.80	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL PERSONNEL COSTS		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	FRINGE BENEFITS	0.00		0.00		0.00		0.00		0.00		0.00		0.00
	TOTAL WAGES	0.00		0.00		0.00		0.00		0.00		0.00		0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												% Time in Prog.	Staff Travelling (X)
1	Natalie Ruegger	Public Health Director																
2	Morgan Pierce	MCAH Director																
3	Mondy Rigling	CHVP Manager																
4	Taylor Knecht	CHVP Coordinator																
5	Taylor Knecht	Home Visitor																
6	Vacant	Home Visitor																
7	Sarah Chapin	Program Assistant																
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		

Department/County: 202618 LASSEN
Program Name: California Home Visiting Program (EBHV)
Invoice Number(s): 202618 EBHV Q4
FY and Quarter: FY 2026-27 202618 EBHV Q4

Total amount of requested Title XIX funding:	\$	-
Period(s) of Service:	April - June	

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Natalie Ruegger	Public Health Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
2	Morgan Pierce	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
3	Mondy Rigling	CHVP Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
4	Taylor Knecht	CHVP Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
5	Taylor Knecht	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
6	Vacant	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
7	Sarah Chapin	Program Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
8											
9											
10											
11											
12											
13			\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				10, 11		1, 4, 5, 7		2, 3, 6, 8, 9		12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00		\$0.00		\$0.00		\$0.00	
Title XIX federal funding:						\$0.00		\$0.00		\$0.00	

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling:

\$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by:

sign and print name

Title:

Phone:

Email:

GUIDE

Version 7.0 - 150 Quarterly 4.10.26

BUDGET

INVOICES

BUDGET
REVISIONS

SUBK

SHORTCUTS

FILE NAME

This guide is intended to provide basic instructions for completing the Block Grant budget/invoice template.
If you need additional assistance please contact your Contract Manager.

All data entry fields are shaded yellow.

To ensure that all steps are completed, it is recommended that you click on step 1 and move the cursor down as you complete each step below:

ORIGINAL BUDGET

- 1 In cell C4, select the applicable program budget from the drop down menu.
- 2 In cell C5, select your Agency from the drop down menu.
- 3 In cell C6, enter the name of the subcontract (if applicable).
You may need to change the view settings and zoom out in order to see the remaining steps clearly.
- 4 In cell H9, the current allocation for Title V will automatically populate.
You can access the current fiscal year allocation tables by using the following weblink: MCAH Fiscal Documents
- 5 In cell J9, the current allocation will automatically populate depending on the selected program (SIDS for MCAH, SGF for BIH, or OAH for AFLP).
- 6 In the Personnel Detail section enter the full name, title or classification, FTE, and annual salary for all staff.
For agencies drawing down Title XIX, you can use time study averages from prior years to complete the matchable columns (8, 10, 12, & 14) for Personnel. Enter the average Fringe Benefit Rate that will be applied to all staff in cell E126.
- 7 In the Operating Expense Detail section enter all operating expense data for each applicable program.
Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. However, for non-matchable items, make sure to delete the formula.
- 8 In the Capital Expenditures Detail section enter the total for any capital expenditures (\$5,000+).
- 9 In the Other Costs Detail section, enter the budget totals for any subcontracts or other charges. You must use a new template for each subcontract. The total funding and percentages from row 17 of the Subcontract Original Budget must be copied and pasted into the Subcontract section of the Agency's Original Budget. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. Make sure to remove the formula for all non-matchable items.
- 10 In the Indirect Costs Detail section, the agency's indirect cost rate that was approved by CDPH will autopopulate with the maximum rate approved by CDPH. A lower rate if justified is allowable. The ICR will be capped at no more than 25% of Personnel (salary and benefits) Costs or 15% of total allowable direct costs.
- 11 Click on the (I) Justification worksheet and enter the Program (column K), MCF Type (column L), MCF% (column M) and justifications for each personnel line item. If you are claiming a MCF higher than the Base MCF you must meet the MCF Requirements.
- 12 Click on the (II-V) Justifications worksheet and enter justifications for Operating Expenses, Capital Expenditures, and Other Costs.
- 13 Click on the Original Budget worksheet. Make sure the balances in row 18 are less than \$0.01.
- 14 Save the file using the File Name formats.

The template automatically populates the operating and personnel line items from the “ACTIVE” budget and displays them in the current invoice. It is important that you indicate which budget the invoice is being paid from in order to display the correct line items in the personnel and operating expense sections. To update, click on cell C8 and select the current budget from the drop down menu.

**Click
HERE
to update**

Invoices are now tracking fund balances in the "RECONCILIATION SECTION" above each major expense category. The fund reconciliation section shows the remaining balance of each funding source up to the current invoice only. Keep in mind, if there are any negatives in the fund reconciliation section they will automatically be deducted from your total reimbursement.

Fund Reconciliation

Printed: 7/14/2026 12:24 PM

Invoice Match Available

Located on the right side of the Operating Expenses Detail Page and the Other Costs Detail Page is the Match Available section. Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item has not been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange and the word "CHECK" will appear in the Match Available column. Please be sure to make any corrections, if necessary.

(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available	
TOTAL OPERATING EXPENSES													
TRAVEL													
1	TRAINING												
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
Completed Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Uncommitted Title V (Cat. 3), State General Funds (Cat. 5), and/or Agency (Cat. 1) funds.													
(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available	
TOTAL CAPITAL EXPENDITURES													
(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available	
TOTAL OTHER COSTS													
SUBCONTRACTS													
1													
2													
3													
4													
5													
OTHER CHARGES													
1													
2													
3													
4													
5													

Invoice Match Available

Personnel Match Validation

Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item in the Personnel section has **not** been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange. Please be sure to make any corrections, if necessary.

Title XIX Cover Sheets (New)

The template automatically populates the TXIX Cover Sheets for every invoice (Q1, Q2, Q3, Q4, and S1). Please print, sign and include the TXIX Cover Sheet in your invoice package.

The template keeps track of the budget revisions by indicating “ACTIVE” or “NON-ACTIVE” on each budget sheet. The ORIGINAL BUDGET is currently the “ACTIVE” budget and should you need a budget revision, you will need to change the ORIGINAL BUDGET to “NON-ACTIVE” before you can make the budget revision (BR1) “ACTIVE”. To activate/deactivate click on cell M2. This procedure applies to all budget revisions.

**Click [HERE](#) to
Activate/Deactivate**

Click [HERE](#) to Activate

Budget Revision Hyperlinks

At the top of each justification sheet, you will find hyperlinks for BR1, BR2, and BR3. The hyperlinks allow you to easily access the justification section for each budget revision. The justification sheets will clearly indicate "ACTIVE" or "NOT ACTIVE" depending on the activated budget. For your convenience, the initial values on the budget revisions will be identical. Any changes to the budget revision justifications will carry over to the next budget revision justification.

ORIGINAL		BR1		BR2		PRINT ORIGINAL		Click here and follow the on-screen instructions to print the Original Justification section below.	
Budget:	ORIGINAL								
Program:	Maternal, Child and Adolescent Health								
Agency:	Select.....								
SubK:									

(I) PERSONNEL DETAIL					BASE MEDI-CAL FACTOR %					Use the following link to access the current AFA webpage and the current base MCF % for year.....				
TOTALS		\$	-	\$	-									
INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (click link to view)	MCF % Justification	Maximum characters = 1024		
1			\$ - \$ -				MCAH							
2			\$ - \$ -				MCAH							
3			\$ - \$ -				MCAH							
4			\$ - \$ -				MCAH							
5			\$ - \$ -				MCAH							
6			\$ - \$ -				MCAH							
7			\$ - \$ -				MCAH							
8			\$ - \$ -				MCAH							
9			\$ - \$ -				MCAH							
10			\$ - \$ -				MCAH							
11			\$ - \$ -				MCAH							
12			\$ - \$ -				MCAH							
13			\$ - \$ -				MCAH							
14			\$ - \$ -				MCAH							

Budget Revision Hyperlinks

Set Print Area

Each justification sheet contains three budget revision sections. In order to print the correct justification for each budget revision you must change the print area. To do this click on the "PRINT" button and follow the on-screen instructions.

ORIGINAL		BR1		BR2		PRINT ORIGINAL		Click here and follow the on-screen instructions to print the Original Justification section below.	
Budget:	ORIGINAL								
Program:	Maternal, Child and Adolescent Health								
Agency:	Select.....								
SubK:									

(I) PERSONNEL DETAIL					BASE MEDI-CAL FACTOR %					Use the following link to access the current AFA webpage and the current base MCF % for year.....				
TOTALS		\$	-	\$	-									
INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (click link to view)	MCF % Justification	Maximum characters = 1024		
1			\$ - \$ -				MCAH							
2			\$ - \$ -				MCAH							
3			\$ - \$ -				MCAH							
4			\$ - \$ -				MCAH							
5			\$ - \$ -				MCAH							
6			\$ - \$ -				MCAH							
7			\$ - \$ -				MCAH							
8			\$ - \$ -				MCAH							
9			\$ - \$ -				MCAH							
10			\$ - \$ -				MCAH							

SUBK - SUBCONTRACTS

For agencies that have subcontracts, you will need to use a new template to keep track of the budget and invoices. Be sure to indicate the name of the SubK in cell C6 on the Original Budget sheet. Once the budget has been developed, you must transfer the percentages and total funding amount from Row 17 of the SubK Original Budget sheet to the Agency Original Budget sheet in the Subcontract section.

IMPORTANT: Be sure to copy and paste the values from the SubK budget into the Agency budget. Be sure to use the Paste Special function to prevent the formatting from being changed. The totals will not be accurate if you hard type the percentages.

SHORTCUTS

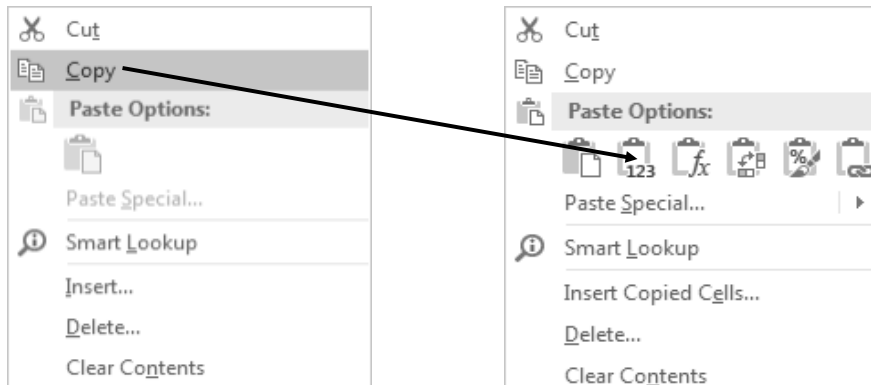
AutoFill Function

To copy data from one cell down to another without changing the format, use the right mouse button and click on the small square in the bottom right corner of the first cell, then drag down to the next cell. Finally, release the button and choose 'Fill Without Formatting'.



Paste Special Instructions

To copy data from cell to another without changing the format, right click on the first cell(s) and choose copy. Now click and/or highlight the cell(s) you would like to paste into. With your cursor on the highlighted cell(s) right click and choose 'Paste Special'. Make sure to choose 'Values' from the list of choices.



FILE NAME

Please use the following file name formats when saving this template:

Counties

[Agreement #] [Program] [Budget/Invoice] [Date]

*Examples: 201801 MCAH Q1 070118

201801 MCAH BR1 070118

CBOs

[Contract #] [FY] [Program] [Amendment/Invoice] [Date]

*Example: 17-10023 FY17-18 AFLP Q2 070118

17-10023 FY17-18 AFLP A01 070118

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR
2027-28

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BUDGET BALANCE
(0.00)

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN	CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
SubK:														
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →				418,395.00	#VALUE!									

EXPENSE CATEGORY														
(I) PERSONNEL	238,798.07		238,798.07		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	86,982.13		86,982.13		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	32,915.28		32,915.28		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	59,699.52		59,699.52		0.00		0.00		0.00		0.00		0.00	
BUDGET TOTALS*	418,395.00	100.00%	418,395.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00
	BALANCE(S)		(0.00)											

TOTAL CHVP - EBHV	418,395.00	→	418,395.00	[50%]	0.00	[25%]	0.00
TOTAL TITLE XIX	0.00	→		[50%]	0.00	[50%]	0.00
TOTAL AGENCY FUNDS	0.00	→	0.00			[75%]	0.00
						[75%]	0.00

\$	418,395.00	Maximum Amount Payable from State and Federal resources
-----------	-------------------	--

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE	_____ DATE
--	---------------	--	---------------

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL	238,798.07			0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES	86,982.13			0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES	0.00			0.00	0.00	0.00	0.00
(IV) OTHER COSTS	32,915.28			0.00	0.00	0.00	0.00
(V) INDIRECT COSTS	59,699.52			0.00	0.00	0.00	0.00
Totals for PCA Codes	418,395.00	418,395.00		0.00	0.00	0.00	0.00

Program: Agency: SubK:		California Home Visiting Program (EBHV) 202618 LASSEN				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		CHVP - EBHV		AGENCY FUNDS				CHVP-SGF-NE		CHVP-Only NE		CHVP-SGF-E		CHVP-Only E					
						(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
						TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH				% PERSONNEL MATCH
TOTAL OPERATING EXPENSES						86,982.13		86,982.13		0.00		0.00		0.00		0.00		0.00	Match Available
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	TRAVEL		15,000.00	100.00%	15,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
	TRAINING		11,000.00	100.00%	11,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
	Rent		18,519.40	100.00%	18,519.40		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
	Utilities		6,157.92	100.00%	6,157.92		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
	Office Supplies		10,450.40	100.00%	10,450.40		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
	Program Supplies		11,000.00	100.00%	11,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
	Cell Phones		456.12	100.00%	456.12		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
	PAT Affiliate Fees		4,775.00	100.00%	4,775.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
	Office Equipment		8,997.29	100.00%	8,997.29		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
	Visit Tracker Yearly Subscription		626.00	100.00%	626.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
					0.00		0.00		0.00		0.00		0.00		0.00		0.00		
					0.00		0.00		0.00		0.00		0.00		0.00		0.00		
					0.00		0.00		0.00		0.00		0.00		0.00		0.00		
					0.00		0.00		0.00		0.00		0.00		0.00		0.00		
					0.00		0.00		0.00		0.00		0.00		0.00		0.00		
				0.00		0.00		0.00		0.00		0.00		0.00		0.00			

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL													
TOTAL CAPITAL EXPENDITURES				0.00		0.00		0.00		0.00			

(IV) OTHER COSTS DETAIL																% PERSONNEL MATCH
TOTAL OTHER COSTS				32,915.28		32,915.28		0.00		0.00		0.00		0.00		0.00%
SUBCONTRACTS																
1				0.00		0.00		0.00		0.00		0.00		0.00		0.00
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00
6				0.00		0.00		0.00		0.00		0.00		0.00		0.00
7				0.00		0.00		0.00		0.00		0.00		0.00		0.00
8				0.00		0.00		0.00		0.00		0.00		0.00		0.00
9				0.00		0.00		0.00		0.00		0.00		0.00		0.00
10				0.00		0.00		0.00		0.00		0.00		0.00		0.00
11				0.00		0.00		0.00		0.00		0.00		0.00		0.00
12				0.00		0.00		0.00		0.00		0.00		0.00		0.00
13				0.00		0.00		0.00		0.00		0.00		0.00		0.00
14				0.00		0.00		0.00		0.00		0.00		0.00		0.00
15				0.00		0.00		0.00		0.00		0.00		0.00		0.00
16				0.00		0.00		0.00		0.00		0.00		0.00		0.00
17				0.00		0.00		0.00		0.00		0.00		0.00		0.00
18				0.00		0.00		0.00		0.00		0.00		0.00		0.00
OTHER CHARGES																
1	Client Support	19,915.28	100.00%	19,915.28		0.00		0.00		0.00						Match Available
2	Advertising/Outreach	8,000.00	100.00%	8,000.00		0.00		0.00		0.00						0.00%
3	PAT Monthly Group Connections	5,000.00	100.00%	5,000.00		0.00		0.00		0.00						0.00%
4				0.00		0.00		0.00		0.00						
5				0.00		0.00		0.00		0.00						
6				0.00		0.00		0.00		0.00						
7				0.00		0.00		0.00		0.00						
8				0.00		0.00		0.00		0.00						

(V) INDIRECT COSTS DETAIL													
TOTAL INDIRECT COSTS		59,699.52		59,699.52		0.00		0.00		0.00			
25.00%	of Total Wages + Fringe Benefits	59,699.52	100.00%	59,699.52		0.00	0.00%	0.00		0.00			

Printed: 7/14/2026 12:24 PM

Program: Agency: SubK:		California Home Visiting Program (EBHV) 202618 LASSEN					UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
							CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)						
							TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
55						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
56						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
57						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
58						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
59						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
60						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
61						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
62						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
63						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
64						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
65						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
66						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
67						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
68						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
69						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
70						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
71						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
72						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
73						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
74						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
75						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
76						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
77						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
78						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
79						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
80						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
81						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
82						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
83						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
84						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
85						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
86						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
87						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
88						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
89						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
90						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
91						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
92						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
93						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
94						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
95						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
96						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
97						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
98						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
99						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
100						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
101						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
102						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
103						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
104						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
105						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
106						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
107						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
108						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
109						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
110						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
111						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
112						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
113						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
114						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
115						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
116						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
117						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Program:					UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:																	
Subk:																	
					CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-Only NE		CHVP-SGF-E		CHVP-Only E	
					(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
118					0.00		0.00		0.00		0.00		0.00		0.00		0.00
119					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
120					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
121					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
122					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
123					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
124					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
125					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
126					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
127					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
128					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
129					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
130					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
131					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
132					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
133					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
134					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
135					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
136					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
137					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
138					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
139					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
140					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
141					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
142					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
143					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
144					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
145					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
146					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
147					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
148					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
149					0.00		0.00		0.00		0.00		0.00		0.00		0.00%
150					0.00		0.00		0.00		0.00		0.00		0.00		0.00%

BR1

BUDGET SUMMARY

FISCAL YEAR
2027-28

BUDGET
BR1

BUDGET STATUS
NOT ACTIVE

BUDGET BALANCE
(0.00)

Version 7.0 - 150 Quarterly 4.10.26

The Original budget is currently Active

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN														
SubK:		CHVP - EBHV			AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
ALLOCATION(S) →				418,395.00	#VALUE!										

EXPENSE CATEGORY														
(I) PERSONNEL	238,798.07		238,798.07		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	86,982.13		86,982.13		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	32,915.28		32,915.28		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	59,699.52		59,699.52		0.00		0.00		0.00		0.00		0.00	
BUDGET TOTALS*	418,395.00	100.00%	418,395.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
BALANCE(S) →			(0.00)											

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

418,395.00	→	418,395.00	[50%]	0.00	[25%]	0.00
0.00	→		[50%]	0.00	[75%]	0.00
0.00	→	0.00	[50%]	0.00	[25%]	0.00

\$	418,395.00	Maximum Amount Payable from State and Federal resources
WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.		
MCAH/PROJECT DIRECTOR'S SIGNATURE _____		DATE _____
AGENCY FISCAL AGENT'S SIGNATURE _____		DATE _____

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		238,798.07		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		86,982.13		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		32,915.28		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		59,699.52		0.00	0.00	0.00	0.00
Totals for PCA Codes	418,395.00	418,395.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
SubK:															
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL				RECONCILIATION SECTION (Remaining Funds)											% PERSONNEL MATCH
TOTAL OPERATING EXPENSES		86,982.13	100.00%	86,982.13	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
	TRAVEL	15,000.00	100.00%	15,000.00		0.00		0.00		0.00		0.00		0.00	Match Available
	TRAINING	11,000.00	100.00%	11,000.00		0.00		0.00		0.00		0.00		0.00	0.00%
1	Rent	18,519.40	100.00%	18,519.40		0.00		0.00		0.00		0.00		0.00	0.00%
2	Utilities	6,157.92	100.00%	6,157.92		0.00		0.00		0.00		0.00		0.00	0.00%
3	Office Supplies	10,450.40	100.00%	10,450.40		0.00		0.00		0.00		0.00		0.00	0.00%
4	Program Supplies	11,000.00	100.00%	11,000.00		0.00		0.00		0.00		0.00		0.00	0.00%
5	Cell Phones	456.12	100.00%	456.12		0.00		0.00		0.00		0.00		0.00	0.00%
6	PAT Affiliate Fees	4,775.00	100.00%	4,775.00		0.00		0.00		0.00		0.00		0.00	0.00%
7	Office Equipment	8,997.29	100.00%	8,997.29		0.00		0.00		0.00		0.00		0.00	0.00%
8	Visit Tracker Yearly Subscription	626.00	100.00%	626.00		0.00		0.00		0.00		0.00		0.00	0.00%
9				0.00		0.00		0.00		0.00		0.00		0.00	
10				0.00		0.00		0.00		0.00		0.00		0.00	
11				0.00		0.00		0.00		0.00		0.00		0.00	
12				0.00		0.00		0.00		0.00		0.00		0.00	
13				0.00		0.00		0.00		0.00		0.00		0.00	
14				0.00		0.00		0.00		0.00		0.00		0.00	
15				0.00		0.00		0.00		0.00		0.00		0.00	
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.															
(III) CAPITAL EXPENDITURE DETAIL				RECONCILIATION SECTION (Remaining Funds)											
TOTAL CAPITAL EXPENDITURES		0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00			
				0.00		0.00		0.00		0.00		0.00			
(IV) OTHER COSTS DETAIL				RECONCILIATION SECTION (Remaining Funds)											% PERSONNEL MATCH
TOTAL OTHER COSTS		32,915.28	100.00%	32,915.28	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	Match Available
SUBCONTRACTS															
1				0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00	
9				0.00		0.00		0.00		0.00		0.00		0.00	
10				0.00		0.00		0.00		0.00		0.00		0.00	
11				0.00		0.00		0.00		0.00		0.00		0.00	
12				0.00		0.00		0.00		0.00		0.00		0.00	
13				0.00		0.00		0.00		0.00		0.00		0.00	
14				0.00		0.00		0.00		0.00		0.00		0.00	
15				0.00		0.00		0.00		0.00		0.00		0.00	
16				0.00		0.00		0.00		0.00		0.00		0.00	
17				0.00		0.00		0.00		0.00		0.00		0.00	
18				0.00		0.00		0.00		0.00		0.00		0.00	
OTHER CHARGES															Match Available
1	Client Support	19,915.28	100.00%	19,915.28		0.00		0.00		0.00		0.00		0.00	0.00%
2	Advertising/Outreach	8,000.00	100.00%	8,000.00		0.00		0.00		0.00		0.00		0.00	0.00%
3	PAT Monthly Group Connections	5,000.00	100.00%	5,000.00		0.00		0.00		0.00		0.00		0.00	0.00%
4				0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS DETAIL				RECONCILIATION SECTION (Remaining Funds)											
TOTAL INDIRECT COSTS		59,699.52	100.00%	59,699.52	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00			
25.00%	of Total Wages + Fringe Benefits	59,699.52	100.00%	59,699.52		0.00		0.00		0.00%		0.00			

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL						RECONCILIATION SECTION (Remaining Funds)											
						100.00%	238,798.07			0.00		0.00		0.00		0.00	
							238,798.07			0.00		0.00		0.00		0.00	
FRINGE BENEFIT RATE			35.30%				62,302.82			0.00		0.00		0.00		0.00	
TOTAL WAGES							176,495.25			0.00		0.00		0.00		0.00	

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES													J-Pers MCF Per Staff	Staff Traveling (X)
1	Natalie Ruegger	Public Health Director	2.50%	151,448.03	3,786.20	100.00%	3,786.20			0.00		0.00		0.00		0.00		51.00%	
2	Morgan Pierce	MCAH Director	5.00%	96,684.70	4,834.24	100.00%	4,834.24			0.00		0.00		0.00		0.00		51.00%	
3	Mondy Rigling	CHVP Manager	25.00%	68,550.50	17,137.63	100.00%	17,137.63			0.00		0.00		0.00		0.00		51.00%	
4	Taylor Knecht	CHVP Coordinator	50.00%	78,909.46	39,454.73	100.00%	39,454.73			0.00		0.00		0.00		0.00		51.00%	
5	Taylor Knecht	Home Visitor	50.00%	78,909.46	39,454.73	100.00%	39,454.73			0.00		0.00		0.00		0.00		51.00%	
6	Vacant	Home Visitor	100.00%	57,766.73	57,766.73	100.00%	57,766.73			0.00		0.00		0.00		0.00		51.00%	
7	Sarah Chapin	Program Assistant	30.00%	46,870.00	14,061.00	100.00%	14,061.00			0.00		0.00		0.00		0.00		51.00%	
8					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
9					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
10					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
11					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
12					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
13					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
14					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
15					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
16					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
17					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
18					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
19					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
20					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
21					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
22					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
23					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
24					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
25					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
26					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
27					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
28					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
29					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	
30					0.00		0.00			0.00		0.00		0.00		0.00		51.00%	

Budget:	ORIGINAL
Program:	California Home Visiting Program (EBHV)
Agency:	202618 LASSEN
SubK:	0

(I) PERSONNEL DETAIL						BASE MEDI-CAL PERCENTAGE %		51.00%		Use the following link to access the current AFA webpage and the current base MCP% for your agency:	
TOTALS			2.63	\$ 579,138.88	\$ 176,495.25		62,302.82				
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCP %	MCP Type	Requirements (Click link to view)
1	Natalie Ruegger	Public Health Director	2.50%	\$ 151,448	\$ 3,786	35.30%	1,336.53	CHVP	51.00%	Base	
2	Morgan Pierce	MCAH Director	5.00%	\$ 96,685	\$ 4,834	35.30%	1,706.48	CHVP	51.00%	Base	
3	Mondy Rigling	CHVP Manager	25.00%	\$ 68,551	\$ 17,138	35.30%	6,049.58	CHVP	51.00%	Base	
4	Taylor Knecht	CHVP Coordinator	50.00%	\$ 78,909	\$ 39,455	35.30%	13,927.52	CHVP	51.00%	Base	
5	Taylor Knecht	Home Visitor	50.00%	\$ 78,909	\$ 39,455	35.30%	13,927.52	CHVP	51.00%	Base	
6	Vacant	Home Visitor	100.00%	\$ 57,767	\$ 57,767	35.30%	20,391.66	CHVP	51.00%	Base	
7	Sarah Chapin	Program Assistant	30.00%	\$ 46,870	\$ 14,061	35.30%	4,963.53	CHVP	51.00%	Base	
8			0.00%	\$ -	\$ -			CHVP	0.00%	0	
9			0.00%	\$ -	\$ -			CHVP	0.00%	0	
10			0.00%	\$ -	\$ -			CHVP	0.00%	0	
11			0.00%	\$ -	\$ -			CHVP	0.00%	0	
12			0.00%	\$ -	\$ -			CHVP	0.00%	0	
13			0.00%	\$ -	\$ -			CHVP	0.00%	0	
14			0.00%	\$ -	\$ -			CHVP	0.00%	0	
15			0.00%	\$ -	\$ -			CHVP	0.00%	0	
16			0.00%	\$ -	\$ -			CHVP	0.00%	0	
17			0.00%	\$ -	\$ -			CHVP	0.00%	0	
18			0.00%	\$ -	\$ -			CHVP	0.00%	0	
19			0.00%	\$ -	\$ -			CHVP	0.00%	0	
20			0.00%	\$ -	\$ -			CHVP	0.00%	0	
21			0.00%	\$ -	\$ -			CHVP	0.00%	0	
22			0.00%	\$ -	\$ -			CHVP	0.00%	0	
23			0.00%	\$ -	\$ -			CHVP	0.00%	0	
24			0.00%	\$ -	\$ -			CHVP	0.00%	0	
25			0.00%	\$ -	\$ -			CHVP	0.00%	0	
26			0.00%	\$ -	\$ -			CHVP	0.00%	0	
27			0.00%	\$ -	\$ -			CHVP	0.00%	0	
28			0.00%	\$ -	\$ -			CHVP	0.00%	0	
29			0.00%	\$ -	\$ -			CHVP	0.00%	0	
30			0.00%	\$ -	\$ -			CHVP	0.00%	0	
31			0.00%	\$ -	\$ -			CHVP	0.00%	0	
32			0.00%	\$ -	\$ -			CHVP	0.00%	0	
33			0.00%	\$ -	\$ -			CHVP	0.00%	0	
34			0.00%	\$ -	\$ -			CHVP	0.00%	0	
35			0.00%	\$ -	\$ -			CHVP	0.00%	0	
36			0.00%	\$ -	\$ -			CHVP	0.00%	0	
37			0.00%	\$ -	\$ -			CHVP	0.00%	0	
38			0.00%	\$ -	\$ -			CHVP	0.00%	0	
39			0.00%	\$ -	\$ -			CHVP	0.00%	0	
40			0.00%	\$ -	\$ -			CHVP	0.00%	0	
41			0.00%	\$ -	\$ -			CHVP	0.00%	0	
42			0.00%	\$ -	\$ -			CHVP	0.00%	0	
43			0.00%	\$ -	\$ -			CHVP	0.00%	0	
44			0.00%	\$ -	\$ -			CHVP	0.00%	0	
45			0.00%	\$ -	\$ -			CHVP	0.00%	0	
46			0.00%	\$ -	\$ -			CHVP	0.00%	0	
47			0.00%	\$ -	\$ -			CHVP	0.00%	0	

Budget:

Program:

Agency:

SubK:

ORIGINAL
California Home Visiting Program (EBHV)
202618 LASSEN
0

48			0.00%	\$ -	\$ -			CHVP	0.00%	0	
49			0.00%	\$ -	\$ -			CHVP	0.00%	0	
50			0.00%	\$ -	\$ -			CHVP	0.00%	0	
51			0.00%	\$ -	\$ -			CHVP	0.00%	0	
52			0.00%	\$ -	\$ -			CHVP	0.00%	0	
53			0.00%	\$ -	\$ -			CHVP	0.00%	0	
54			0.00%	\$ -	\$ -			CHVP	0.00%	0	
55			0.00%	\$ -	\$ -			CHVP	0.00%	0	
56			0.00%	\$ -	\$ -			CHVP	0.00%	0	
57			0.00%	\$ -	\$ -			CHVP	0.00%	0	
58			0.00%	\$ -	\$ -			CHVP	0.00%	0	
59			0.00%	\$ -	\$ -			CHVP	0.00%	0	
60			0.00%	\$ -	\$ -			CHVP	0.00%	0	
61			0.00%	\$ -	\$ -			CHVP	0.00%	0	
62			0.00%	\$ -	\$ -			CHVP	0.00%	0	
63			0.00%	\$ -	\$ -			CHVP	0.00%	0	
64			0.00%	\$ -	\$ -			CHVP	0.00%	0	
65			0.00%	\$ -	\$ -			CHVP	0.00%	0	
66			0.00%	\$ -	\$ -			CHVP	0.00%	0	
67			0.00%	\$ -	\$ -			CHVP	0.00%	0	
68			0.00%	\$ -	\$ -			CHVP	0.00%	0	
69			0.00%	\$ -	\$ -			CHVP	0.00%	0	
70			0.00%	\$ -	\$ -			CHVP	0.00%	0	
71			0.00%	\$ -	\$ -			CHVP	0.00%	0	
72			0.00%	\$ -	\$ -			CHVP	0.00%	0	
73			0.00%	\$ -	\$ -			CHVP	0.00%	0	
74			0.00%	\$ -	\$ -			CHVP	0.00%	0	
75			0.00%	\$ -	\$ -			CHVP	0.00%	0	
76			0.00%	\$ -	\$ -			CHVP	0.00%	0	
77			0.00%	\$ -	\$ -			CHVP	0.00%	0	
78			0.00%	\$ -	\$ -			CHVP	0.00%	0	
79			0.00%	\$ -	\$ -			CHVP	0.00%	0	
80			0.00%	\$ -	\$ -			CHVP	0.00%	0	
81			0.00%	\$ -	\$ -			CHVP	0.00%	0	
82			0.00%	\$ -	\$ -			CHVP	0.00%	0	
83			0.00%	\$ -	\$ -			CHVP	0.00%	0	
84			0.00%	\$ -	\$ -			CHVP	0.00%	0	
85			0.00%	\$ -	\$ -			CHVP	0.00%	0	
86			0.00%	\$ -	\$ -			CHVP	0.00%	0	
87			0.00%	\$ -	\$ -			CHVP	0.00%	0	
88			0.00%	\$ -	\$ -			CHVP	0.00%	0	
89			0.00%	\$ -	\$ -			CHVP	0.00%	0	
90			0.00%	\$ -	\$ -			CHVP	0.00%	0	
91			0.00%	\$ -	\$ -			CHVP	0.00%	0	
92			0.00%	\$ -	\$ -			CHVP	0.00%	0	
93			0.00%	\$ -	\$ -			CHVP	0.00%	0	
94			0.00%	\$ -	\$ -			CHVP	0.00%	0	
95			0.00%	\$ -	\$ -			CHVP	0.00%	0	
96			0.00%	\$ -	\$ -			CHVP	0.00%	0	
97			0.00%	\$ -	\$ -			CHVP	0.00%	0	
98			0.00%	\$ -	\$ -			CHVP	0.00%	0	
99			0.00%	\$ -	\$ -			CHVP	0.00%	0	
100			0.00%	\$ -	\$ -			CHVP	0.00%	0	
101			0.00%	\$ -	\$ -			CHVP	0.00%	0	
102			0.00%	\$ -	\$ -			CHVP	0.00%	0	

Budget:

Program:

Agency:

SubK:

ORIGINAL
California Home Visiting Program (EBHV)
202618 LASSEN
0

103			0.00%	\$ -	\$ -			CHVP	0.00%	0	
104			0.00%	\$ -	\$ -			CHVP	0.00%	0	
105			0.00%	\$ -	\$ -			CHVP	0.00%	0	
106			0.00%	\$ -	\$ -			CHVP	0.00%	0	
107			0.00%	\$ -	\$ -			CHVP	0.00%	0	
108			0.00%	\$ -	\$ -			CHVP	0.00%	0	
109			0.00%	\$ -	\$ -			CHVP	0.00%	0	
110			0.00%	\$ -	\$ -			CHVP	0.00%	0	
111			0.00%	\$ -	\$ -			CHVP	0.00%	0	
112			0.00%	\$ -	\$ -			CHVP	0.00%	0	
113			0.00%	\$ -	\$ -			CHVP	0.00%	0	
114			0.00%	\$ -	\$ -			CHVP	0.00%	0	
115			0.00%	\$ -	\$ -			CHVP	0.00%	0	
116			0.00%	\$ -	\$ -			CHVP	0.00%	0	
117			0.00%	\$ -	\$ -			CHVP	0.00%	0	
118			0.00%	\$ -	\$ -			CHVP	0.00%	0	
119			0.00%	\$ -	\$ -			CHVP	0.00%	0	
120			0.00%	\$ -	\$ -			CHVP	0.00%	0	
121			0.00%	\$ -	\$ -			CHVP	0.00%	0	
122			0.00%	\$ -	\$ -			CHVP	0.00%	0	
123			0.00%	\$ -	\$ -			CHVP	0.00%	0	
124			0.00%	\$ -	\$ -			CHVP	0.00%	0	
125			0.00%	\$ -	\$ -			CHVP	0.00%	0	
126			0.00%	\$ -	\$ -			CHVP	0.00%	0	
127			0.00%	\$ -	\$ -			CHVP	0.00%	0	
128			0.00%	\$ -	\$ -			CHVP	0.00%	0	
129			0.00%	\$ -	\$ -			CHVP	0.00%	0	
130			0.00%	\$ -	\$ -			CHVP	0.00%	0	
131			0.00%	\$ -	\$ -			CHVP	0.00%	0	
132			0.00%	\$ -	\$ -			CHVP	0.00%	0	
133			0.00%	\$ -	\$ -			CHVP	0.00%	0	
134			0.00%	\$ -	\$ -			CHVP	0.00%	0	
135			0.00%	\$ -	\$ -			CHVP	0.00%	0	
136			0.00%	\$ -	\$ -			CHVP	0.00%	0	
137			0.00%	\$ -	\$ -			CHVP	0.00%	0	
138			0.00%	\$ -	\$ -			CHVP	0.00%	0	
139			0.00%	\$ -	\$ -			CHVP	0.00%	0	
140			0.00%	\$ -	\$ -			CHVP	0.00%	0	
141			0.00%	\$ -	\$ -			CHVP	0.00%	0	
142			0.00%	\$ -	\$ -			CHVP	0.00%	0	
143			0.00%	\$ -	\$ -			CHVP	0.00%	0	
144			0.00%	\$ -	\$ -			CHVP	0.00%	0	
145			0.00%	\$ -	\$ -			CHVP	0.00%	0	
146			0.00%	\$ -	\$ -			CHVP	0.00%	0	
147			0.00%	\$ -	\$ -			CHVP	0.00%	0	
148			0.00%	\$ -	\$ -			CHVP	0.00%	0	
149			0.00%	\$ -	\$ -			CHVP	0.00%	0	
150			0.00%	\$ -	\$ -			CHVP	0.00%	0	

INVOICE SUMMARY

FISCAL YEAR
2027-28

INVOICE #
202618 EBHV Q1

INVOICE PERIOD
July - September

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV			AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

EXPENSE CATEGORY														
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00	→	0.00	[50%]	0.00	[25%]	0.00	[75%]	0.00
0.00	→		[50%]	0.00	[50%]	0.00	[75%]	0.00
0.00	→	0.00			[50%]	0.00	[25%]	0.00

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.
MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____	AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
Subk:				(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		(1)													
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH
			100.00%	86,982.13	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
TOTAL OPERATING EXPENSES			0.00	0.00		0.00		0.00		0.00		0.00		0.00	Match Available
TRAVEL															
TRAINING															
1 Rent															
2 Utilities															
3 Office Supplies															
4 Program Supplies															
5 Cell Phones															
6 PAT Affiliate Fees															
7 Office Equipment															
8 Visit Tracker Yearly Subscription															
9															
10															
11															
12															
13															
14															
15															
			RECONCILIATION SECTION (Remaining Funds)												
(III) CAPITAL EXPENDITURE DETAIL			RECONCILIATION SECTION (Remaining Funds)												
			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00			
TOTAL CAPITAL EXPENDITURES															
(IV) OTHER COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH
			100.00%	32,915.28	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
TOTAL OTHER COSTS			0.00	0.00		0.00		0.00		0.00		0.00		0.00	Match Available
SUBCONTRACTS															
1				0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00	
9				0.00		0.00		0.00		0.00		0.00		0.00	
10				0.00		0.00		0.00		0.00		0.00		0.00	
11				0.00		0.00		0.00		0.00		0.00		0.00	
12				0.00		0.00		0.00		0.00		0.00		0.00	
13				0.00		0.00		0.00		0.00		0.00		0.00	
14				0.00		0.00		0.00		0.00		0.00		0.00	
15				0.00		0.00		0.00		0.00		0.00		0.00	
16				0.00		0.00		0.00		0.00		0.00		0.00	
17				0.00		0.00		0.00		0.00		0.00		0.00	
18				0.00		0.00		0.00		0.00		0.00		0.00	
OTHER CHARGES															Match Available
1 Client Support															
2 Advertising/Outreach															
3 PAT Monthly Group Connections															
4															
5															
6															
7															
8															
(V) INDIRECT COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)												
			100.00%	59,699.52	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00			
TOTAL INDIRECT COSTS			0.00	0.00		0.00		0.00		0.00		0.00		0.00	
25.00% of Total Wages + Fringe Benefits			0.00	0.00		0.00		0.00		0.00		0.00		0.00	

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

Program:	California Home Visiting Program (EBHV)			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN															
SubK:				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
BUDGET LINE ITEMS				(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL				TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL						RECONCILIATION SECTION (Remaining Funds)										% Time in Prog.	Staff Traveling (X)
TOTAL PERSONNEL COSTS						100.00%	238,798.07	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
FRINGE BENEFITS							0.00		0.00		0.00		0.00		0.00		
TOTAL WAGES							0.00		0.00		0.00		0.00		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												
1	Natalie Ruegger	Public Health Director															
2	Morgan Pierce	MCAH Director															
3	Mondy Rigling	CHVP Manager															
4	Taylor Knecht	CHVP Coordinator															
5	Taylor Knecht	Home Visitor															
6	Vacant	Home Visitor															
7	Sarah Chapin	Program Assistant															
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	
35																	
36																	
37																	
38																	
39																	
40																	
41																	
42																	
43																	
44																	
45																	
46																	
47																	
48																	
49																	
50																	
51																	
52																	
53																	
54																	

EBHV Budget Template FY27-28 06.05.26

Program:		California Home Visiting Program (EBHV)				UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		202618 LASSEN									CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE	
Agency:																		
SubK:																		
BUDGET LINE ITEMS						(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL						TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
119																		
120																		
121																		
122																		
123																		
124																		
125																		
126																		
127																		
128																		
129																		
130																		
131																		
132																		
133																		
134																		
135																		
136																		
137																		
138																		
139																		
140																		
141																		
142																		
143																		
144																		
145																		
146																		
147																		
148																		
149																		
150																		

Department/County: 202618 LASSEN

Program Name: California Home Visiting Program (EBHV)

Invoice Number(s): 202618 EBHV Q1

FY and Quarter: FY 2027-28 202618 EBHV Q1

Total amount of requested Title XIX funding: \$ -

Period(s) of Service: July - September

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1 Natalie Ruegger	Public Health Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2 Morgan Pierce	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3 Mondy Rigling	CHVP Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4 Taylor Knecht	CHVP Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5 Taylor Knecht	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
6 Vacant	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
7 Sarah Chapin	Program Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
8											
9											
10											
11											
12											
13			\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											
97											
98											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off _____	
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				<u>10, 11</u>		<u>1, 4, 5, 7</u>		<u>2, 3, 6, 8, 9</u>		<u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
99											
100											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00		\$0.00		\$0.00		\$0.00	
Title XIX federal funding:						\$0.00		\$0.00		\$0.00	

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: \$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by:

sign and print name

Title:

Phone:

Email:

INVOICE SUMMARY

FISCAL YEAR
2027-28

INVOICE #
202618 EBHV Q2

INVOICE PERIOD
October - December

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

EXPENSE CATEGORY														
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00	→	0.00	[50%]	0.00	[25%]	0.00	[50%]	0.00	[75%]	0.00	[25%]	0.00	[75%]	0.00
0.00	→		[50%]	0.00	[50%]	0.00	[50%]	0.00	[75%]	0.00	[25%]	0.00	[75%]	0.00
0.00	→			0.00										

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	
AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.	
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ AGENCY FISCAL AGENT'S SIGNATURE
_____ DATE	_____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN															
SubK:																	
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E					
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*			
(II) OPERATING EXPENSES DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH		
			100.00%	86,982.13	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%		
TOTAL OPERATING EXPENSES			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Match Available		
TRAVEL																	
TRAINING																	
1 Rent																	
2 Utilities																	
3 Office Supplies																	
4 Program Supplies																	
5 Cell Phones																	
6 PAT Affiliate Fees																	
7 Office Equipment																	
8 Visit Tracker Yearly Subscription																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
TOTAL CAPITAL EXPENDITURES														

(IV) OTHER COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH
			100.00%	32,915.28	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
TOTAL OTHER COSTS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
SUBCONTRACTS															Match Available
1				0.00		0.00		0.00		0.00		0.00			
2				0.00		0.00		0.00		0.00		0.00			
3				0.00		0.00		0.00		0.00		0.00			
4				0.00		0.00		0.00		0.00		0.00			
5				0.00		0.00		0.00		0.00		0.00			
6				0.00		0.00		0.00		0.00		0.00		0	
7				0.00		0.00		0.00		0.00		0.00		0	
8				0.00		0.00		0.00		0.00		0.00		0	
9				0.00		0.00		0.00		0.00		0.00			
10				0.00		0.00		0.00		0.00		0.00			
11				0.00		0.00		0.00		0.00		0.00			
12				0.00		0.00		0.00		0.00		0.00			
13				0.00		0.00		0.00		0.00		0.00			
14				0.00		0.00		0.00		0.00		0.00			
15				0.00		0.00		0.00		0.00		0.00			
16				0.00		0.00		0.00		0.00		0.00			
17				0.00		0.00		0.00		0.00		0.00			
18				0.00		0.00		0.00		0.00		0.00			
OTHER CHARGES															Match Available
1 Client Support															
2 Advertising/Outreach															
3 PAT Monthly Group Connections															
4															
5															
6															
7															
8															

(V) INDIRECT COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			100.00%	59,699.52	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
TOTAL INDIRECT COSTS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
25.00% of Total Wages + Fringe Benefits			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
BUDGET LINE ITEMS ORIGINAL		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL						RECONCILIATION SECTION (Remaining Funds)										% Time in Prog.	Staff Traveling (X)
TOTAL PERSONNEL COSTS		0.00	100.00%	238,798.07	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	
FRINGE BENEFITS		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL WAGES		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												
1	Natalie Ruegger	Public Health Director															
2	Morgan Pierce	MCAH Director															
3	Mondy Rigling	CHVP Manager															
4	Taylor Knecht	CHVP Coordinator															
5	Taylor Knecht	Home Visitor															
6	Vacant	Home Visitor															
7	Sarah Chapin	Program Assistant															
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	

Department/County: 202618 LASSEN
Program Name: California Home Visiting Program (EBHV)
Invoice Number(s): 202618 EBHV Q2
FY and Quarter: FY 2027-28 202618 EBHV Q2

Total amount of requested Title XIX funding:	\$	-
Period(s) of Service:	October - December	

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Natalie Ruegger	Public Health Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
2	Morgan Pierce	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
3	Mondy Rigling	CHVP Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
4	Taylor Knecht	CHVP Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
5	Taylor Knecht	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
6	Vacant	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
7	Sarah Chapin	Program Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
8											
9											
10											
11											
12											
13			\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				10, 11		1, 4, 5, 7		2, 3, 6, 8, 9		12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00		\$0.00		\$0.00		\$0.00	
Title XIX federal funding:						\$0.00		\$0.00		\$0.00	

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling:
\$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by:

sign and print name

Title:

Phone:

Email:

INVOICE SUMMARY

FISCAL YEAR
2027-28

INVOICE #
202618 EBHV Q3

INVOICE PERIOD
January - March

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV			AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

EXPENSE CATEGORY														
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00	→	0.00	[50%]	0.00	[25%]	0.00	[50%]	0.00	[75%]	0.00	[25%]	0.00	[75%]	0.00
0.00	→		[50%]	0.00	[50%]	0.00	[50%]	0.00	[75%]	0.00	[25%]	0.00	[75%]	0.00
0.00	→			0.00										

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES. AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.	
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE _____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)					UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN					CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
SubK:																		
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)				
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*				
(II) OPERATING EXPENSES DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH			
			100.00%	86,982.13	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00				
TOTAL OPERATING EXPENSES			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Match Available			
TRAVEL																		
TRAINING																		
1 Rent																		
2 Utilities																		
3 Office Supplies																		
4 Program Supplies																		
5 Cell Phones																		
6 PAT Affiliate Fees																		
7 Office Equipment																		
8 Visit Tracker Yearly Subscription																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL			RECONCILIATION SECTION (Remaining Funds)												
			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00			
TOTAL CAPITAL EXPENDITURES															

(IV) OTHER COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH	
			100.00%	32,915.28	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%	
TOTAL OTHER COSTS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
SUBCONTRACTS															Match Available	
1				0.00		0.00		0.00		0.00		0.00				
2				0.00		0.00		0.00		0.00		0.00				
3				0.00		0.00		0.00		0.00		0.00				
4				0.00		0.00		0.00		0.00		0.00				
5				0.00		0.00		0.00		0.00		0.00				
6				0.00		0.00		0.00		0.00		0.00				
7				0.00		0.00		0.00		0.00		0.00		0		
8				0.00		0.00		0.00		0.00		0.00		0		
9				0.00		0.00		0.00		0.00		0.00		0		
10				0.00		0.00		0.00		0.00		0.00				
11				0.00		0.00		0.00		0.00		0.00				
12				0.00		0.00		0.00		0.00		0.00				
13				0.00		0.00		0.00		0.00		0.00				
14				0.00		0.00		0.00		0.00		0.00				
15				0.00		0.00		0.00		0.00		0.00				
16				0.00		0.00		0.00		0.00		0.00				
17				0.00		0.00		0.00		0.00		0.00				
18				0.00		0.00		0.00		0.00		0.00				
OTHER CHARGES															Match Available	
1 Client Support																
2 Advertising/Outreach																
3 PAT Monthly Group Connections																
4																
5																
6																
7																
8																

(V) INDIRECT COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)												
			100.00%	59,699.52	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00			
TOTAL INDIRECT COSTS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
25.00% of Total Wages + Fringe Benefits			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
BUDGET LINE ITEMS ORIGINAL		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL						RECONCILIATION SECTION (Remaining Funds)									
TOTAL PERSONNEL COSTS		0.00	100.00%	238,798.07	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00
FRINGE BENEFITS		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
TOTAL WAGES		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES											% Time in Prog.	Staff Traveling (X)
1	Natalie Ruegger	Public Health Director															
2	Morgan Pierce	MCAH Director															
3	Mondy Rigling	CHVP Manager															
4	Taylor Knecht	CHVP Coordinator															
5	Taylor Knecht	Home Visitor															
6	Vacant	Home Visitor															
7	Sarah Chapin	Program Assistant															
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	

Department/County: 202618 LASSEN
Program Name: California Home Visiting Program (EBHV)
Invoice Number(s): 202618 EBHV Q3
FY and Quarter: FY 2027-28 202618 EBHV Q3

Total amount of requested Title XIX funding:	\$	-
Period(s) of Service:	January - March	

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Natalie Ruegger	Public Health Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
2	Morgan Pierce	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
3	Mondy Rigling	CHVP Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
4	Taylor Knecht	CHVP Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
5	Taylor Knecht	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
6	Vacant	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
7	Sarah Chapin	Program Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
8											
9											
10											
11											
12											
13			\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				10, 11		1, 4, 5, 7		2, 3, 6, 8, 9		12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00		\$0.00		\$0.00		\$0.00	
Title XIX federal funding:						\$0.00		\$0.00		\$0.00	

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling:
\$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by:

sign and print name

Title:

Phone:

Email:

INVOICE SUMMARY

FISCAL YEAR
2027-28

INVOICE #
202618 EBHV Q4

INVOICE PERIOD
April - June

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN														
SubK:		CHVP - EBHV			AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	

EXPENSE CATEGORY														
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00	→	0.00	[50%]	0.00	[25%]	0.00	[75%]	0.00	[25%]	0.00	[75%]	0.00
0.00	→		[50%]	0.00	[50%]	0.00	[75%]	0.00	[75%]	0.00	[25%]	0.00
0.00	→	0.00			[50%]	0.00						

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES. _____ MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE FINAL INVOICE Y/N? AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF. _____ AGENCY FISCAL AGENT'S SIGNATURE _____ DATE	

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I)	PERSONNEL	0.00		0.00	0.00	0.00	0.00
(II)	OPERATING EXPENSES	0.00		0.00	0.00	0.00	0.00
(III)	CAPITAL EXPENSES	0.00		0.00	0.00	0.00	0.00
(IV)	OTHER COSTS	0.00		0.00	0.00	0.00	0.00
(V)	INDIRECT COSTS	0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes		0.00		0.00	0.00	0.00	0.00

(V) INDIRECT COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)							
			100.00%	59,699.52	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL INDIRECT COSTS		0.00		0.00						
25.00% of Total Wages + Fringe Benefits		0.00		0.00						

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
BUDGET LINE ITEMS ORIGINAL		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			100.00%	238,798.07	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL PERSONNEL COSTS		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	FRINGE BENEFITS	0.00		0.00		0.00		0.00		0.00		0.00		0.00
	TOTAL WAGES	0.00		0.00		0.00		0.00		0.00		0.00		0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												% Time in Prog.	Staff Travelling (K)
1	Natalie Ruegger	Public Health Director																
2	Morgan Pierce	MCAH Director																
3	Mondy Rigling	CHVP Manager																
4	Taylor Knecht	CHVP Coordinator																
5	Taylor Knecht	Home Visitor																
6	Vacant	Home Visitor																
7	Sarah Chapin	Program Assistant																
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		

Department/County: 202618 LASSEN
Program Name: California Home Visiting Program (EBHV)
Invoice Number(s): 202618 EBHV Q4
FY and Quarter: FY 2027-28 202618 EBHV Q4

Total amount of requested Title XIX funding:	\$	-
Period(s) of Service:	April - June	

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Natalie Ruegger	Public Health Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
2	Morgan Pierce	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
3	Mondy Rigling	CHVP Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
4	Taylor Knecht	CHVP Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
5	Taylor Knecht	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
6	Vacant	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
7	Sarah Chapin	Program Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
8											
9											
10											
11											
12											
13			\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				10, 11		1, 4, 5, 7		2, 3, 6, 8, 9		12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00		\$0.00		\$0.00		\$0.00	
Title XIX federal funding:						\$0.00		\$0.00		\$0.00	

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling:

\$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by:

sign and print name

Title:

Phone:

Email:

GUIDE

Version 7.0 - 150 Quarterly 4.10.26

BUDGET

INVOICES

BUDGET
REVISIONS

SUBK

SHORTCUTS

FILE NAME

This guide is intended to provide basic instructions for completing the Block Grant budget/invoice template.
If you need additional assistance please contact your Contract Manager.

All data entry fields are shaded yellow.

To ensure that all steps are completed, it is recommended that you click on step 1 and move the cursor down as you complete each step below:

ORIGINAL BUDGET

- 1 In cell C4, select the applicable program budget from the drop down menu.
- 2 In cell C5, select your Agency from the drop down menu.
- 3 In cell C6, enter the name of the subcontract (if applicable).
You may need to change the view settings and zoom out in order to see the remaining steps clearly.
- 4 In cell H9, the current allocation for Title V will automatically populate.
You can access the current fiscal year allocation tables by using the following weblink: [MCAH Fiscal Documents](#)
- 5 In cell J9, the current allocation will automatically populate depending on the selected program (SIDS for MCAH, SGF for BIH, or OAH for AFLP).
- 6 In the Personnel Detail section enter the full name, title or classification, FTE, and annual salary for all staff.
For agencies drawing down Title XIX, you can use time study averages from prior years to complete the matchable columns (8, 10, 12, & 14) for Personnel. Enter the average Fringe Benefit Rate that will be applied to all staff in cell E126.
- 7 In the Operating Expense Detail section enter all operating expense data for each applicable program.
Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. However, for non-matchable items, make sure to delete the formula.
- 8 In the Capital Expenditures Detail section enter the total for any capital expenditures (\$5,000+).
- 9 In the Other Costs Detail section, enter the budget totals for any subcontracts or other charges. You must use a new template for each subcontract. The total funding and percentages from row 17 of the Subcontract Original Budget must be copied and pasted into the Subcontract section of the Agency's Original Budget. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. Make sure to remove the formula for all non-matchable items.
- 10 In the Indirect Costs Detail section, the agency's indirect cost rate that was approved by CDPH will autopopulate with the maximum rate approved by CDPH. A lower rate if justified is allowable. The ICR will be capped at no more than 25% of Personnel (salary and benefits) Costs or 15% of total allowable direct costs.
- 11 Click on the (I) Justification worksheet and enter the Program (column K), MCF Type (column L), MCF% (column M) and justifications for each personnel line item. If you are claiming a MCF higher than the Base MCF you must meet the MCF Requirements.
- 12 Click on the (II-V) Justifications worksheet and enter justifications for Operating Expenses, Capital Expenditures, and Other Costs.
- 13 Click on the Original Budget worksheet. Make sure the balances in row 18 are less than \$0.01.
- 14 Save the file using the File Name formats.

INVOICES

The template automatically populates the operating and personnel line items from the "ACTIVE" budget and displays them in the current invoice. It is important that you indicate which budget the invoice is being paid from in order to display the correct line items in the personnel and operating expense sections. To update, click on cell C8 and select the current budget from the drop down menu.

INVOICE SUMMARY		FISCAL YEAR 2018-19		INVOICE # Q1		INVOICE PERIOD July - September	
Version 2.0 - 10/20/2018 Program: Maternal, Child and Adolescent Health Agency: Select..... Sub:							
BUDGET LINE ITEMS		UNMATCHED FUNDING		NON-ENHANCED MATCHING (\$555)		ENHANCED MATCHING (\$505)	
ORIGINAL		TOTAL		FUNDING		PERCENTAGE	
EXPENSE CATEGORY							
(I) PERSONNEL							
(II) OPERATING EXPENSES							
(III) CAPITAL EXPENDITURES							
(IV) OTHER COSTS							
(V) INDIRECT COSTS							
TOTAL INVOICED*							
TOTAL TITLE V							
TOTAL SID'S							
TOTAL TITLE XIX							
TOTAL AGENCY FUNDS							
\$		-		Maximum Amount Payable from State and Federal resources			

Click
HERE
to update

Invoice Fund Reconciliation

Invoices are now tracking fund balances in the "RECONCILIATION SECTION" above each major expense category. The fund reconciliation section shows the remaining balance of each funding source up to the current invoice only. Keep in mind, if there are any negatives in the fund reconciliation section they will automatically be deducted from your total reimbursement.

(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)	
TOTAL OPERATING EXPENSES			
TRAVEL			
TRAINING			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)	
TOTAL CAPITAL EXPENDITURES			
(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)	
TOTAL OTHER COSTS			
SUBCONTRACTS			
1			
2			
3			
4			
5			
OTHER CHARGES			
1			
2			
3			
4			
5			
(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)	
TOTAL INDIRECT COSTS			
*of Total Wages + Fringe Benefits			

Fund Reconciliation

GA

Invoice Match Available

Located on the right side of the Operating Expenses Detail Page and the Other Costs Detail Page is the Match Available section. Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item has not been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange and the word "CHECK" will appear in the Match Available column. Please be sure to make any corrections, if necessary.

(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available	
TOTAL OPERATING EXPENSES													
TRAVEL													
1	TRAINING												
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
Completed Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unallocated Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 1) funds.													
(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available	
TOTAL CAPITAL EXPENDITURES													
(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available	
TOTAL OTHER COSTS													
SUBCONTRACTS													
1													
2													
3													
4													
5													
OTHER CHARGES													
1													
2													
3													
4													
5													

Invoice Match Available

Personnel Match Validation

Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item in the Personnel section has **not** been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange. Please be sure to make any corrections, if necessary.

Title XIX Cover Sheets (New)

The template automatically populates the TXIX Cover Sheets for every invoice (Q1, Q2, Q3, Q4, and S1). Please print, sign and include the TXIX Cover Sheet in your invoice package.

BUDGET REVISIONS

This template provides a maximum of three possible budget revisions. The values of the BR1, BR2, and BR3 sheets are identical to the ORIGINAL BUDGET. **Be sure to overwrite the values on the budget revision sheets only. Do not change any prior approved budgets in order to retain audit history.**

The template keeps track of the budget revisions by indicating “ACTIVE” or “NON-ACTIVE” on each budget sheet. The ORIGINAL BUDGET is currently the “ACTIVE” budget and should you need a budget revision, you will need to change the ORIGINAL BUDGET to “NON-ACTIVE” before you can make the budget revision (BR1) “ACTIVE”. To activate/deactivate click on cell M2. This procedure applies to all budget revisions.

BUDGET SUMMARY		FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
Version 5.0 - 03/2018		2018-19	ORIGINAL	ACTIVE	
Program: Maternal, Child and Adolescent Health Agency: Select..... Sub: Select.....					
UNMATCHED FUNDING MCRA-TV MCRA-SIDS TBD AGENCY FUNDS					
NON-ENHANCED MATCHING (5/5/20) MCRA-TV MCRA-SIDS TBD AGENCY FUNDS					
ENHANCED MATCHING (5/5/20) MCRA-TV MCRA-SIDS TBD AGENCY FUNDS					
EXPENSE CATEGORY (I) PERSONNEL (II) OPERATING EXPENSES (III) CAPITAL EXPENDITURES (IV) OTHER COSTS (V) INDIRECT COSTS					
BUDGET TOTALS* ALLOCATION(S) BALANCE(S)					
TOTAL Title V TOTAL SIDS TOTAL TITLE XIX TOTAL AGENCY FUNDS					
\$ - Maximum Amount Payable from State and Federal resources					

Click HERE to
Activate/Deactivate

The Autofill Button at the top, middle of the page can be clicked to copy the values from the previously active budget. Change amounts as needed for each section. The cells changed will turn blue and **bold** the print. This will clearly identify which changes have been made.

BUDGET SUMMARY		FISCAL YEAR	BUDGET	AUTOFILL FROM ORIGINAL BUDGET	BUDGET STATUS	BUDGET BALANCE
Version 5.0 - 03/2018		2018-19	BR1		NOT ACTIVE	
Program: Maternal, Child and Adolescent Health Agency: Select..... Sub: Select.....						
UNMATCHED FUNDING MCRA-TV MCRA-SIDS TBD AGENCY FUNDS						
NON-ENHANCED MATCHING (5/5/20) MCRA-TV MCRA-SIDS TBD AGENCY FUNDS						
ENHANCED MATCHING (5/5/20) MCRA-TV MCRA-SIDS TBD AGENCY FUNDS						
EXPENSE CATEGORY (I) PERSONNEL (II) OPERATING EXPENSES (III) CAPITAL EXPENDITURES (IV) OTHER COSTS (V) INDIRECT COSTS						
BUDGET TOTALS* ALLOCATION(S) BALANCE(S)						
TOTAL Title V TOTAL SIDS TOTAL TITLE XIX TOTAL AGENCY FUNDS						
Maximum Amount Payable from State and Federal resources						

Click HERE to Activate

Budget Revision Hyperlinks

At the top of each justification sheet, you will find hyperlinks for BR1, BR2, and BR3. The hyperlinks allow you to easily access the justification section for each budget revision. The justification sheets will clearly indicate "ACTIVE" or "NOT ACTIVE" depending on the activated budget. For your convenience, the initial values on the budget revisions will be identical. Any changes to the budget revision justifications will carry over to the next budget revision justification.

ORIGINAL		BR1	BR2	PRINT ORIGINAL	
Budget:	ORIGINAL				
Program:	Maternal, Child and Adolescent Health				
Agency:	Select.....				
SubK:					

Version 5.0 - 155 0 updates

Use the following link to access the current AFA webpage and the current base MCF % for year

(I) PERSONNEL DETAIL				BASE MEDI-CAL FACTOR %				Use the following link to access the current AFA webpage and the current base MCF % for year			
TOTALS		\$	-	\$	-						
INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (click link to view)	MCF % Justification Maximum characters = 1024
1			\$ - \$ -				MCAH				
2			\$ - \$ -				MCAH				
3			\$ - \$ -				MCAH				
4			\$ - \$ -				MCAH				
5			\$ - \$ -				MCAH				
6			\$ - \$ -				MCAH				
7			\$ - \$ -				MCAH				
8			\$ - \$ -				MCAH				
9			\$ - \$ -				MCAH				
10			\$ - \$ -				MCAH				
11			\$ - \$ -				MCAH				
12			\$ - \$ -				MCAH				
13			\$ - \$ -				MCAH				
14			\$ - \$ -				MCAH				

Budget Revision
Hyperlinks

Set Print Area

Each justification sheet contains three budget revision sections. In order to print the correct justification for each budget revision you must change the print area. To do this click on the "PRINT" button and follow the on-screen instructions.

ORIGINAL		BR1	BR2	PRINT ORIGINAL	
Budget:	ORIGINAL				
Program:	Maternal, Child and Adolescent Health				
Agency:	Select.....				
SubK:					

Version 5.0 - 155 0 updates

Use the following link to access the current AFA webpage and the current base MCF % for year

(I) PERSONNEL DETAIL				BASE MEDI-CAL FACTOR %				Use the following link to access the current AFA webpage and the current base MCF % for year			
TOTALS		\$	-	\$	-						
INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (click link to view)	MCF % Justification Maximum characters = 1024
1			\$ - \$ -				MCAH				
2			\$ - \$ -				MCAH				
3			\$ - \$ -				MCAH				
4			\$ - \$ -				MCAH				
5			\$ - \$ -				MCAH				
6			\$ - \$ -				MCAH				
7			\$ - \$ -				MCAH				
8			\$ - \$ -				MCAH				
9			\$ - \$ -				MCAH				
10			\$ - \$ -				MCAH				

SUBK - SUBCONTRACTS

For agencies that have subcontracts, you will need to use a new template to keep track of the budget and invoices. Be sure to indicate the name of the SubK in cell C6 on the Original Budget sheet. Once the budget has been developed, you must transfer the percentages and total funding amount from Row 17 of the SubK Original Budget sheet to the Agency Original Budget sheet in the Subcontract section.

IMPORTANT: Be sure to copy and paste the values from the SubK budget into the Agency budget. Be sure to use the Paste Special function to prevent the formatting from being changed. The totals will not be accurate if you hard type the percentages.

SHORTCUTS

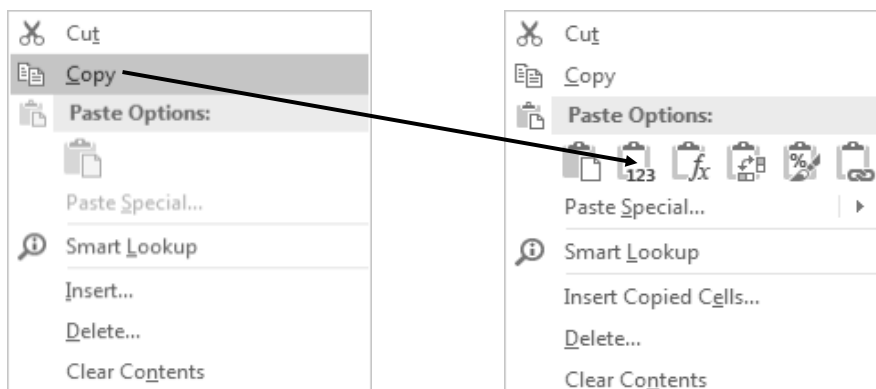
AutoFill Function

To copy data from one cell down to another without changing the format, use the right mouse button and click on the small square in the bottom right corner of the first cell, then drag down to the next cell. Finally, release the button and choose 'Fill Without Formatting'.



Paste Special Instructions

To copy data from cell to another without changing the format, right click on the first cell(s) and choose copy. Now click and/or highlight the cell(s) you would like to paste into. With your cursor on the highlighted cell(s) right click and choose 'Paste Special'. Make sure to choose 'Values' from the list of choices.



FILE NAME

Please use the following file name formats when saving this template:

Counties

[Agreement #] [Program] [Budget/Invoice] [Date]

*Examples: 201801 MCAH Q1 070118

201801 MCAH BR1 070118

CBOs

[Contract #] [FY] [Program] [Amendment/Invoice] [Date]

*Example: 17-10023 FY17-18 AFLP Q2 070118

17-10023 FY17-18 AFLP A01 070118

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR
2028-29

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BUDGET BALANCE
(0.00)

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN	CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
SubK:														
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →				418,395.00	#VALUE!									

EXPENSE CATEGORY														
(I) PERSONNEL	260,289.91		260,289.91		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	70,032.62		70,032.62		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	23,000.00		23,000.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	65,072.48		65,072.48		0.00		0.00		0.00		0.00		0.00	
BUDGET TOTALS*	418,395.00	100.00%	418,395.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00
	BALANCE(S)		(0.00)											

TOTAL CHVP - EBHV	418,395.00	→	418,395.00	[50%]	0.00	[25%]	0.00
TOTAL TITLE XIX	0.00	→		[50%]	0.00	[50%]	0.00
TOTAL AGENCY FUNDS	0.00	→	0.00			[75%]	0.00
						[25%]	0.00

\$	418,395.00	Maximum Amount Payable from State and Federal resources
-----------	-------------------	--

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____ AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL	260,289.91			0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES	70,032.62			0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES	0.00			0.00	0.00	0.00	0.00
(IV) OTHER COSTS	23,000.00			0.00	0.00	0.00	0.00
(V) INDIRECT COSTS	65,072.48			0.00	0.00	0.00	0.00
Totals for PCA Codes	418,395.00	418,395.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Only NE		CHVP-SGF-E		CHVP-Only E	
SubK:						(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		(1)															
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL								% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH				% PERSONNEL MATCH	
								0.00%				0.00%				0.00%	
TOTAL OPERATING EXPENSES		70,032.62		70,032.62		0.00		0.00		0.00		0.00		0.00		0.00	Match Available
	TRAVEL	11,000.00	100.00%	11,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
	TRAINING	7,000.00	100.00%	7,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
1	Rent	18,519.40	100.00%	18,519.40		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
2	Utilities	6,157.92	100.00%	6,157.92		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
3	Office Supplies	5,500.89	100.00%	5,500.89		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
4	Program Supplies	8,000.00	100.00%	8,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
5	Cell Phones	456.12	100.00%	456.12		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
6	PAT Affiliate Fees	4,775.00	100.00%	4,775.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
7	Office Equipment	7,997.29	100.00%	7,997.29		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
8	Visit Tracker Yearly Subscription	626.00	100.00%	626.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
9				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
10				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
11				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
12				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
13				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
14				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
15				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																	
(III) CAPITAL EXPENDITURE DETAIL																	
TOTAL CAPITAL EXPENDITURES				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS DETAIL																% PERSONNEL MATCH	
																0.00%	
TOTAL OTHER COSTS		23,000.00		23,000.00		0.00		0.00		0.00		0.00		0.00		0.00	
SUBCONTRACTS																	
1				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
6				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
7				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
8				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
9				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
10				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
11				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
12				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
13				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
14				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
15				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
16				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
17				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
18				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
OTHER CHARGES																	Match Available
1	Client Support	12,000.00	100.00%	12,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
2	Advertising/Outreach	8,000.00	100.00%	8,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
3	PAT Monthly Group Connections	3,000.00	100.00%	3,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS DETAIL																	
TOTAL INDIRECT COSTS		65,072.48		65,072.48		0.00		0.00		0.00		0.00		0.00		0.00	
25.00%	of Total Wages + Fringe Benefits	65,072.48	100.00%	65,072.48		0.00	0.00%	0.00		0.00		0.00		0.00		0.00	

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

TOTAL PERSONNEL COSTS						260,289.91		260,289.91		0.00		0.00		0.00		0.00		0.00	
FRINGE BENEFIT RATE				35.30%	67,910.08		67,910.08		0.00		0.00		0.00		0.00		0.00		
TOTAL WAGES					192,379.83		192,379.83		0.00		0.00		0.00		0.00		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES													J-Pers MCF Per Staff	Staff Traveling (X)
1	Natalie Ruegger	Public Health Director	2.50%	165,078.35	4,126.96	100.00%	4,126.96		0.00		0.00		0.00		0.00		0.00	51.00%	
2	Morgan Pierce	MCAH Director	5.00%	105,386.32	5,269.32	100.00%	5,269.32		0.00		0.00		0.00		0.00		0.00	51.00%	
3	Mondy Rigling	CHVP Manager	25.00%	74,720.05	18,680.01	100.00%	18,680.01		0.00		0.00		0.00		0.00		0.00	51.00%	
4	Taylor Knecht	CHVP Coordinator	50.00%	86,011.31	43,005.66	100.00%	43,005.66		0.00		0.00		0.00		0.00		0.00	51.00%	
5	Taylor Knecht	Home Visitor	50.00%	86,011.31	43,005.66	100.00%	43,005.66		0.00		0.00		0.00		0.00		0.00	51.00%	
6	Vacant	Home Visitor	100.00%	62,965.74	62,965.74	100.00%	62,965.74		0.00		0.00		0.00		0.00		0.00	51.00%	
7	Sarah Chapin	Program Assistant	30.00%	51,088.30	15,326.49	100.00%	15,326.49		0.00		0.00		0.00		0.00		0.00	51.00%	
8					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
9					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
10					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Program: Agency: SubK:		California Home Visiting Program (EBHV) 202618 LASSEN					UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
							CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)						
							TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
55						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
56						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
57						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
58						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
59						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
60						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
61						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
62						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
63						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
64						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
65						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
66						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
67						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
68						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
69						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
70						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
71						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
72						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
73						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
74						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
75						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
76						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
77						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
78						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
79						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
80						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
81						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
82						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
83						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
84						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
85						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
86						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
87						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
88						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
89						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
90						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
91						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
92						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
93						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
94						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
95						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
96						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
97						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
98						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
99						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
100						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
101						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
102						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
103						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
104						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
105						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
106						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
107						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
108						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
109						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
110						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
111						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
112						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
113						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
114						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
115						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
116						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
117						0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Program:		California Home Visiting Program (EBHV) 202618 LASSEN					UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	SubK:																		
							CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
							(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
							TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
118							0.00		0.00		0.00		0.00		0.00		0.00		0.00
119							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
120							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
121							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
122							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
123							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
124							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
125							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
126							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
127							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
128							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
129							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
130							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
131							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
132							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
133							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
134							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
135							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
136							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
137							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
138							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
139							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
140							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
141							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
142							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
143							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
144							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
145							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
146							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
147							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
148							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
149							0.00		0.00		0.00		0.00		0.00		0.00		0.00%
150							0.00		0.00		0.00		0.00		0.00		0.00		0.00%

BR1

BUDGET SUMMARY

FISCAL YEAR
2028-29

BUDGET
BR1

BUDGET STATUS
NOT ACTIVE

BUDGET BALANCE
(0.00)

Version 7.0 - 150 Quarterly 4.10.26

The Original budget is currently Active

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN														
SubK:		CHVP - EBHV			AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
ALLOCATION(S) →				418,395.00		#VALUE!									

EXPENSE CATEGORY														
(I) PERSONNEL	260,289.91		260,289.91		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	70,032.62		70,032.62		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	23,000.00		23,000.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	65,072.48		65,072.48		0.00		0.00		0.00		0.00		0.00	
BUDGET TOTALS*	418,395.00	100.00%	418,395.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
BALANCE(S) →			(0.00)											

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

418,395.00	→	418,395.00	[50%]	0.00	[25%]	0.00
0.00	→		[50%]	0.00	[75%]	0.00
0.00	→	0.00	[50%]	0.00	[25%]	0.00

\$	418,395.00	Maximum Amount Payable from State and Federal resources
-----------	-------------------	--

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE	DATE	AGENCY FISCAL AGENT'S SIGNATURE	DATE
-----------------------------------	------	---------------------------------	------

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		260,289.91		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		70,032.62		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		23,000.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		65,072.48		0.00	0.00	0.00	0.00
Totals for PCA Codes	418,395.00	418,395.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
SubK:																	
		(1)		(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
		TOTAL FUNDING		%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
(II) OPERATING EXPENSES DETAIL				RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH	
TOTAL OPERATING EXPENSES				70,032.62	100.00%	70,032.62	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
	TRAVEL	11,000.00	100.00%	11,000.00		0.00		0.00		0.00		0.00		0.00		0.00	Match Available
	TRAINING	7,000.00	100.00%	7,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
1	Rent	18,519.40	100.00%	18,519.40		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
2	Utilities	6,157.92	100.00%	6,157.92		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
3	Office Supplies	5,500.89	100.00%	5,500.89		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
4	Program Supplies	8,000.00	100.00%	8,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
5	Cell Phones	456.12	100.00%	456.12		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
6	PAT Affiliate Fees	4,775.00	100.00%	4,775.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
7	Office Equipment	7,997.29	100.00%	7,997.29		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
8	Visit Tracker Yearly Subscription	626.00	100.00%	626.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
9				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
10				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
11				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
12				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
13				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
14				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
15				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																	
(III) CAPITAL EXPENDITURE DETAIL				RECONCILIATION SECTION (Remaining Funds)													
TOTAL CAPITAL EXPENDITURES				0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00					
				0.00		0.00		0.00		0.00		0.00					
(IV) OTHER COSTS DETAIL				RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH	
TOTAL OTHER COSTS				23,000.00	100.00%	23,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	Match Available
SUBCONTRACTS																	
1				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
9				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
10				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
11				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
12				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
13				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
14				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
15				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
16				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
17				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
18				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
OTHER CHARGES																Match Available	
1	Client Support	12,000.00	100.00%	12,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
2	Advertising/Outreach	8,000.00	100.00%	8,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
3	PAT Monthly Group Connections	3,000.00	100.00%	3,000.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS DETAIL				RECONCILIATION SECTION (Remaining Funds)													
TOTAL INDIRECT COSTS				65,072.48	100.00%	65,072.48	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00					
25.00% of Total Wages + Fringe Benefits				65,072.48	100.00%	65,072.48		0.00		0.00		0.00%	0.00				

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL						RECONCILIATION SECTION (Remaining Funds)													J-Pers MCF Per Staff	Staff Traveling (A)
						100.00%	260,289.91			0.00		0.00		0.00		0.00		0.00		
							260,289.91			0.00		0.00		0.00		0.00		0.00		
FRINGE BENEFIT RATE			35.30%				67,910.08			0.00		0.00		0.00		0.00		0.00		
TOTAL WAGES							192,379.83			0.00		0.00		0.00		0.00		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES															
1	Natalie Ruegger	Public Health Director	2.50%	165,078.35	4,126.96	100.00%	4,126.96			0.00		0.00		0.00		0.00		0.00	51.00%	
2	Morgan Pierce	MCAH Director	5.00%	105,386.32	5,269.32	100.00%	5,269.32			0.00		0.00		0.00		0.00		0.00	51.00%	
3	Mondy Rigling	CHVP Manager	25.00%	74,720.05	18,680.01	100.00%	18,680.01			0.00		0.00		0.00		0.00		0.00	51.00%	
4	Taylor Knecht	CHVP Coordinator	50.00%	86,011.31	43,005.66	100.00%	43,005.66			0.00		0.00		0.00		0.00		0.00	51.00%	
5	Taylor Knecht	Home Visitor	50.00%	86,011.31	43,005.66	100.00%	43,005.66			0.00		0.00		0.00		0.00		0.00	51.00%	
6	Vacant	Home Visitor	100.00%	62,965.74	62,965.74	100.00%	62,965.74			0.00		0.00		0.00		0.00		0.00	51.00%	
7	Sarah Chapin	Program Assistant	30.00%	51,088.30	15,326.49	100.00%	15,326.49			0.00		0.00		0.00		0.00		0.00	51.00%	
8					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
9					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
10					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
11					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
12					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
13					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
14					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
15					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
16					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
17					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
18					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
19					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
20					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
21					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
22					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
23					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
24					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
25					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
26					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
27					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
28					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
29					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	
30					0.00		0.00			0.00		0.00		0.00		0.00		0.00	51.00%	

Budget:	ORIGINAL
Program:	California Home Visiting Program (EBHV)
Agency:	202618 LASSEN
SubK:	0

(I) PERSONNEL DETAIL						BASE MEDI-CAL PERCENTAGE %		51.00%		Use the following link to access the current AFA webpage and the current base MCP% for your agency:	
TOTALS			2.63	\$ 631,261.38	\$ 192,379.83		67,910.08				
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCP %	MCP Type	Requirements (Click link to view)
1	Natalie Ruegger	Public Health Director	2.50%	\$ 165,078	\$ 4,127	35.30%	1,456.82	CHVP	51.00%	Base	
2	Morgan Pierce	MCAH Director	5.00%	\$ 105,386	\$ 5,269	35.30%	1,860.07	CHVP	51.00%	Base	
3	Mondy Rigling	CHVP Manager	25.00%	\$ 74,720	\$ 18,680	35.30%	6,594.04	CHVP	51.00%	Base	
4	Taylor Knecht	CHVP Coordinator	50.00%	\$ 86,011	\$ 43,006	35.30%	15,181.00	CHVP	51.00%	Base	
5	Taylor Knecht	Home Visitor	50.00%	\$ 86,011	\$ 43,006	35.30%	15,181.00	CHVP	51.00%	Base	
6	Vacant	Home Visitor	100.00%	\$ 62,966	\$ 62,966	35.30%	22,226.91	CHVP	51.00%	Base	
7	Sarah Chapin	Program Assistant	30.00%	\$ 51,088	\$ 15,326	35.30%	5,410.25	CHVP	51.00%	Base	
8			0.00%	\$ -	\$ -			CHVP	0.00%	0	
9			0.00%	\$ -	\$ -			CHVP	0.00%	0	
10			0.00%	\$ -	\$ -			CHVP	0.00%	0	
11			0.00%	\$ -	\$ -			CHVP	0.00%	0	
12			0.00%	\$ -	\$ -			CHVP	0.00%	0	
13			0.00%	\$ -	\$ -			CHVP	0.00%	0	
14			0.00%	\$ -	\$ -			CHVP	0.00%	0	
15			0.00%	\$ -	\$ -			CHVP	0.00%	0	
16			0.00%	\$ -	\$ -			CHVP	0.00%	0	
17			0.00%	\$ -	\$ -			CHVP	0.00%	0	
18			0.00%	\$ -	\$ -			CHVP	0.00%	0	
19			0.00%	\$ -	\$ -			CHVP	0.00%	0	
20			0.00%	\$ -	\$ -			CHVP	0.00%	0	
21			0.00%	\$ -	\$ -			CHVP	0.00%	0	
22			0.00%	\$ -	\$ -			CHVP	0.00%	0	
23			0.00%	\$ -	\$ -			CHVP	0.00%	0	
24			0.00%	\$ -	\$ -			CHVP	0.00%	0	
25			0.00%	\$ -	\$ -			CHVP	0.00%	0	
26			0.00%	\$ -	\$ -			CHVP	0.00%	0	
27			0.00%	\$ -	\$ -			CHVP	0.00%	0	
28			0.00%	\$ -	\$ -			CHVP	0.00%	0	
29			0.00%	\$ -	\$ -			CHVP	0.00%	0	
30			0.00%	\$ -	\$ -			CHVP	0.00%	0	
31			0.00%	\$ -	\$ -			CHVP	0.00%	0	
32			0.00%	\$ -	\$ -			CHVP	0.00%	0	
33			0.00%	\$ -	\$ -			CHVP	0.00%	0	
34			0.00%	\$ -	\$ -			CHVP	0.00%	0	
35			0.00%	\$ -	\$ -			CHVP	0.00%	0	
36			0.00%	\$ -	\$ -			CHVP	0.00%	0	
37			0.00%	\$ -	\$ -			CHVP	0.00%	0	
38			0.00%	\$ -	\$ -			CHVP	0.00%	0	
39			0.00%	\$ -	\$ -			CHVP	0.00%	0	
40			0.00%	\$ -	\$ -			CHVP	0.00%	0	
41			0.00%	\$ -	\$ -			CHVP	0.00%	0	
42			0.00%	\$ -	\$ -			CHVP	0.00%	0	
43			0.00%	\$ -	\$ -			CHVP	0.00%	0	
44			0.00%	\$ -	\$ -			CHVP	0.00%	0	
45			0.00%	\$ -	\$ -			CHVP	0.00%	0	
46			0.00%	\$ -	\$ -			CHVP	0.00%	0	
47			0.00%	\$ -	\$ -			CHVP	0.00%	0	

Budget:

Program:

Agency:

SubK:

ORIGINAL
California Home Visiting Program (EBHV)
202618 LASSEN
0

48			0.00%	\$ -	\$ -			CHVP	0.00%	0	
49			0.00%	\$ -	\$ -			CHVP	0.00%	0	
50			0.00%	\$ -	\$ -			CHVP	0.00%	0	
51			0.00%	\$ -	\$ -			CHVP	0.00%	0	
52			0.00%	\$ -	\$ -			CHVP	0.00%	0	
53			0.00%	\$ -	\$ -			CHVP	0.00%	0	
54			0.00%	\$ -	\$ -			CHVP	0.00%	0	
55			0.00%	\$ -	\$ -			CHVP	0.00%	0	
56			0.00%	\$ -	\$ -			CHVP	0.00%	0	
57			0.00%	\$ -	\$ -			CHVP	0.00%	0	
58			0.00%	\$ -	\$ -			CHVP	0.00%	0	
59			0.00%	\$ -	\$ -			CHVP	0.00%	0	
60			0.00%	\$ -	\$ -			CHVP	0.00%	0	
61			0.00%	\$ -	\$ -			CHVP	0.00%	0	
62			0.00%	\$ -	\$ -			CHVP	0.00%	0	
63			0.00%	\$ -	\$ -			CHVP	0.00%	0	
64			0.00%	\$ -	\$ -			CHVP	0.00%	0	
65			0.00%	\$ -	\$ -			CHVP	0.00%	0	
66			0.00%	\$ -	\$ -			CHVP	0.00%	0	
67			0.00%	\$ -	\$ -			CHVP	0.00%	0	
68			0.00%	\$ -	\$ -			CHVP	0.00%	0	
69			0.00%	\$ -	\$ -			CHVP	0.00%	0	
70			0.00%	\$ -	\$ -			CHVP	0.00%	0	
71			0.00%	\$ -	\$ -			CHVP	0.00%	0	
72			0.00%	\$ -	\$ -			CHVP	0.00%	0	
73			0.00%	\$ -	\$ -			CHVP	0.00%	0	
74			0.00%	\$ -	\$ -			CHVP	0.00%	0	
75			0.00%	\$ -	\$ -			CHVP	0.00%	0	
76			0.00%	\$ -	\$ -			CHVP	0.00%	0	
77			0.00%	\$ -	\$ -			CHVP	0.00%	0	
78			0.00%	\$ -	\$ -			CHVP	0.00%	0	
79			0.00%	\$ -	\$ -			CHVP	0.00%	0	
80			0.00%	\$ -	\$ -			CHVP	0.00%	0	
81			0.00%	\$ -	\$ -			CHVP	0.00%	0	
82			0.00%	\$ -	\$ -			CHVP	0.00%	0	
83			0.00%	\$ -	\$ -			CHVP	0.00%	0	
84			0.00%	\$ -	\$ -			CHVP	0.00%	0	
85			0.00%	\$ -	\$ -			CHVP	0.00%	0	
86			0.00%	\$ -	\$ -			CHVP	0.00%	0	
87			0.00%	\$ -	\$ -			CHVP	0.00%	0	
88			0.00%	\$ -	\$ -			CHVP	0.00%	0	
89			0.00%	\$ -	\$ -			CHVP	0.00%	0	
90			0.00%	\$ -	\$ -			CHVP	0.00%	0	
91			0.00%	\$ -	\$ -			CHVP	0.00%	0	
92			0.00%	\$ -	\$ -			CHVP	0.00%	0	
93			0.00%	\$ -	\$ -			CHVP	0.00%	0	
94			0.00%	\$ -	\$ -			CHVP	0.00%	0	
95			0.00%	\$ -	\$ -			CHVP	0.00%	0	
96			0.00%	\$ -	\$ -			CHVP	0.00%	0	
97			0.00%	\$ -	\$ -			CHVP	0.00%	0	
98			0.00%	\$ -	\$ -			CHVP	0.00%	0	
99			0.00%	\$ -	\$ -			CHVP	0.00%	0	
100			0.00%	\$ -	\$ -			CHVP	0.00%	0	
101			0.00%	\$ -	\$ -			CHVP	0.00%	0	
102			0.00%	\$ -	\$ -			CHVP	0.00%	0	

Budget:

Program:

Agency:

SubK:

ORIGINAL
California Home Visiting Program (EBHV)
202618 LASSEN
0

103			0.00%	\$ -	\$ -			CHVP	0.00%	0	
104			0.00%	\$ -	\$ -			CHVP	0.00%	0	
105			0.00%	\$ -	\$ -			CHVP	0.00%	0	
106			0.00%	\$ -	\$ -			CHVP	0.00%	0	
107			0.00%	\$ -	\$ -			CHVP	0.00%	0	
108			0.00%	\$ -	\$ -			CHVP	0.00%	0	
109			0.00%	\$ -	\$ -			CHVP	0.00%	0	
110			0.00%	\$ -	\$ -			CHVP	0.00%	0	
111			0.00%	\$ -	\$ -			CHVP	0.00%	0	
112			0.00%	\$ -	\$ -			CHVP	0.00%	0	
113			0.00%	\$ -	\$ -			CHVP	0.00%	0	
114			0.00%	\$ -	\$ -			CHVP	0.00%	0	
115			0.00%	\$ -	\$ -			CHVP	0.00%	0	
116			0.00%	\$ -	\$ -			CHVP	0.00%	0	
117			0.00%	\$ -	\$ -			CHVP	0.00%	0	
118			0.00%	\$ -	\$ -			CHVP	0.00%	0	
119			0.00%	\$ -	\$ -			CHVP	0.00%	0	
120			0.00%	\$ -	\$ -			CHVP	0.00%	0	
121			0.00%	\$ -	\$ -			CHVP	0.00%	0	
122			0.00%	\$ -	\$ -			CHVP	0.00%	0	
123			0.00%	\$ -	\$ -			CHVP	0.00%	0	
124			0.00%	\$ -	\$ -			CHVP	0.00%	0	
125			0.00%	\$ -	\$ -			CHVP	0.00%	0	
126			0.00%	\$ -	\$ -			CHVP	0.00%	0	
127			0.00%	\$ -	\$ -			CHVP	0.00%	0	
128			0.00%	\$ -	\$ -			CHVP	0.00%	0	
129			0.00%	\$ -	\$ -			CHVP	0.00%	0	
130			0.00%	\$ -	\$ -			CHVP	0.00%	0	
131			0.00%	\$ -	\$ -			CHVP	0.00%	0	
132			0.00%	\$ -	\$ -			CHVP	0.00%	0	
133			0.00%	\$ -	\$ -			CHVP	0.00%	0	
134			0.00%	\$ -	\$ -			CHVP	0.00%	0	
135			0.00%	\$ -	\$ -			CHVP	0.00%	0	
136			0.00%	\$ -	\$ -			CHVP	0.00%	0	
137			0.00%	\$ -	\$ -			CHVP	0.00%	0	
138			0.00%	\$ -	\$ -			CHVP	0.00%	0	
139			0.00%	\$ -	\$ -			CHVP	0.00%	0	
140			0.00%	\$ -	\$ -			CHVP	0.00%	0	
141			0.00%	\$ -	\$ -			CHVP	0.00%	0	
142			0.00%	\$ -	\$ -			CHVP	0.00%	0	
143			0.00%	\$ -	\$ -			CHVP	0.00%	0	
144			0.00%	\$ -	\$ -			CHVP	0.00%	0	
145			0.00%	\$ -	\$ -			CHVP	0.00%	0	
146			0.00%	\$ -	\$ -			CHVP	0.00%	0	
147			0.00%	\$ -	\$ -			CHVP	0.00%	0	
148			0.00%	\$ -	\$ -			CHVP	0.00%	0	
149			0.00%	\$ -	\$ -			CHVP	0.00%	0	
150			0.00%	\$ -	\$ -			CHVP	0.00%	0	

INVOICE SUMMARY

FISCAL YEAR
2028-29

INVOICE #
202618 EBHV Q1

INVOICE PERIOD
July - September

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV			AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

EXPENSE CATEGORY														
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00	→	0.00	[50%]	0.00	[25%]	0.00	[75%]	0.00
0.00	→		[50%]	0.00	[50%]	0.00	[75%]	0.00
0.00	→	0.00			[50%]	0.00	[25%]	0.00

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.
MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____	AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:		202618 LASSEN		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
Subk:				(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		(1)														
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
(II) OPERATING EXPENSES DETAIL				RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH
TOTAL OPERATING EXPENSES		0.00	100.00%	70,032.62		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
				0.00			0.00		0.00		0.00		0.00		0.00	Match Available
TRAVEL																
TRAINING																
1	Rent															
2	Utilities															
3	Office Supplies															
4	Program Supplies															
5	Cell Phones															
6	PAT Affiliate Fees															
7	Office Equipment															
8	Visit Tracker Yearly Subscription															
9																
10																
11																
12																
13																
14																
15																
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																
(III) CAPITAL EXPENDITURE DETAIL				RECONCILIATION SECTION (Remaining Funds)												
TOTAL CAPITAL EXPENDITURES			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
(IV) OTHER COSTS DETAIL				RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH
TOTAL OTHER COSTS		0.00	100.00%	23,000.00		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
				0.00			0.00		0.00		0.00		0.00		0.00	Match Available
SUBCONTRACTS																
1				0.00		0.00		0.00		0.00		0.00		0.00		
2				0.00		0.00		0.00		0.00		0.00		0.00		
3				0.00		0.00		0.00		0.00		0.00		0.00		
4				0.00		0.00		0.00		0.00		0.00		0.00		
5				0.00		0.00		0.00		0.00		0.00		0.00		
6				0.00		0.00		0.00		0.00		0.00		0.00		
7				0.00		0.00		0.00		0.00		0.00		0.00		
8				0.00		0.00		0.00		0.00		0.00		0.00		
9				0.00		0.00		0.00		0.00		0.00		0.00		
10				0.00		0.00		0.00		0.00		0.00		0.00		
11				0.00		0.00		0.00		0.00		0.00		0.00		
12				0.00		0.00		0.00		0.00		0.00		0.00		
13				0.00		0.00		0.00		0.00		0.00		0.00		
14				0.00		0.00		0.00		0.00		0.00		0.00		
15				0.00		0.00		0.00		0.00		0.00		0.00		
16				0.00		0.00		0.00		0.00		0.00		0.00		
17				0.00		0.00		0.00		0.00		0.00		0.00		
18				0.00		0.00		0.00		0.00		0.00		0.00		
OTHER CHARGES																
1	Client Support															
2	Advertising/Outreach															
3	PAT Monthly Group Connections															
4																
5																
6																
7																
8																
(V) INDIRECT COSTS DETAIL				RECONCILIATION SECTION (Remaining Funds)												
TOTAL INDIRECT COSTS		0.00	100.00%	65,072.48		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	
				0.00			0.00		0.00		0.00		0.00		0.00	
									0.00		0.00					
25.00% of Total Wages + Fringe Benefits		0.00		0.00		0.00		0.00		0.00		0.00		0.00		

Program:	California Home Visiting Program (EBHV)			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)										
Agency:	202618 LASSEN																					
SubK:				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E								
BUDGET LINE ITEMS				(1)	(2)	(3)		(6)	(7)		(8)	(9)		(10)	(11)		(12)	(13)		(14)	(15)	
ORIGINAL				TOTAL FUNDING	%	CHVP - EBHV		%	Agency Funds*		%	Combined Fed/State		%	Combined Fed/Agency*		%	Combined Fed/State		%	Combined Fed/Agency*	

(I) PERSONNEL DETAIL						RECONCILIATION SECTION (Remaining Funds)										% Time in Prog.	Staff Traveling (X)
TOTAL PERSONNEL COSTS						100.00%	260,289.91	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
FRINGE BENEFITS							0.00		0.00		0.00		0.00		0.00		
TOTAL WAGES							0.00		0.00		0.00		0.00		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												
1	Natalie Ruegger	Public Health Director															
2	Morgan Pierce	MCAH Director															
3	Mondy Rigling	CHVP Manager															
4	Taylor Knecht	CHVP Coordinator															
5	Taylor Knecht	Home Visitor															
6	Vacant	Home Visitor															
7	Sarah Chapin	Program Assistant															
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	
35																	
36																	
37																	
38																	
39																	
40																	
41																	
42																	
43																	
44																	
45																	
46																	
47																	
48																	
49																	
50																	
51																	
52																	
53																	
54																	

Program:					UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:																	
SubK:																	
					CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS					(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL					TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
55																	
56																	
57																	
58																	
59																	
60																	
61																	
62																	
63																	
64																	
65																	
66																	
67																	
68																	
69																	
70																	
71																	
72																	
73																	
74																	
75																	
76																	
77																	
78																	
79																	
80																	
81																	
82																	
83																	
84																	
85																	
86																	
87																	
88																	
89																	
90																	
91																	
92																	
93																	
94																	
95																	
96																	
97																	
98																	
99																	
100																	
101																	
102																	
103																	
104																	
105																	
106																	
107																	
108																	
109																	
110																	
111																	
112																	
113																	
114																	
115																	
116																	
117																	
118																	

Program:		California Home Visiting Program (EBHV)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		202618 LASSEN																	
Agency:						CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E			
SubK:																			
BUDGET LINE ITEMS						(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
ORIGINAL						TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
119																			
120																			
121																			
122																			
123																			
124																			
125																			
126																			
127																			
128																			
129																			
130																			
131																			
132																			
133																			
134																			
135																			
136																			
137																			
138																			
139																			
140																			
141																			
142																			
143																			
144																			
145																			
146																			
147																			
148																			
149																			
150																			

Department/County: 202618 LASSEN

Program Name: California Home Visiting Program (EBHV)

Invoice Number(s): 202618 EBHV Q1

FY and Quarter: FY 2028-29 202618 EBHV Q1

Total amount of requested Title XIX funding: \$ -

Period(s) of Service: July - September

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1 Natalie Ruegger	Public Health Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2 Morgan Pierce	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3 Mondy Rigling	CHVP Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4 Taylor Knecht	CHVP Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5 Taylor Knecht	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
6 Vacant	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
7 Sarah Chapin	Program Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
8											
9											
10											
11											
12											
13			\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											
97											
98											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
99											
100											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA					\$0.00		\$0.00		\$0.00		\$0.00
Title XIX federal funding:							\$0.00		\$0.00		\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

sign and print name

INVOICE SUMMARY

FISCAL YEAR
2028-29

INVOICE #
202618 EBHV Q2

INVOICE PERIOD
October - December

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

EXPENSE CATEGORY														
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00	→	0.00	[50%]	0.00	[25%]	0.00	[50%]	0.00	[75%]	0.00	[25%]	0.00	[75%]	0.00
0.00	→		[50%]	0.00	[50%]	0.00	[50%]	0.00	[75%]	0.00	[25%]	0.00	[75%]	0.00
0.00	→	0.00												

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES. AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.	
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE _____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN															
SubK:																	
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E					
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*			
(II) OPERATING EXPENSES DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH		
			100.00%	70,032.62	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%		
TOTAL OPERATING EXPENSES			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Match Available		
TRAVEL																	
TRAINING																	
1 Rent																	
2 Utilities																	
3 Office Supplies																	
4 Program Supplies																	
5 Cell Phones																	
6 PAT Affiliate Fees																	
7 Office Equipment																	
8 Visit Tracker Yearly Subscription																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
TOTAL CAPITAL EXPENDITURES														

(IV) OTHER COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH
			100.00%	23,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
TOTAL OTHER COSTS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
SUBCONTRACTS															Match Available
1				0.00		0.00		0.00		0.00		0.00			
2				0.00		0.00		0.00		0.00		0.00			
3				0.00		0.00		0.00		0.00		0.00			
4				0.00		0.00		0.00		0.00		0.00			
5				0.00		0.00		0.00		0.00		0.00			
6				0.00		0.00		0.00		0.00		0.00		0	
7				0.00		0.00		0.00		0.00		0.00		0	
8				0.00		0.00		0.00		0.00		0.00		0	
9				0.00		0.00		0.00		0.00		0.00			
10				0.00		0.00		0.00		0.00		0.00			
11				0.00		0.00		0.00		0.00		0.00			
12				0.00		0.00		0.00		0.00		0.00			
13				0.00		0.00		0.00		0.00		0.00			
14				0.00		0.00		0.00		0.00		0.00			
15				0.00		0.00		0.00		0.00		0.00			
16				0.00		0.00		0.00		0.00		0.00			
17				0.00		0.00		0.00		0.00		0.00			
18				0.00		0.00		0.00		0.00		0.00			
OTHER CHARGES															Match Available
1 Client Support															
2 Advertising/Outreach															
3 PAT Monthly Group Connections															
4															
5															
6															
7															
8															

(V) INDIRECT COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			100.00%	65,072.48	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
TOTAL INDIRECT COSTS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
25.00% of Total Wages + Fringe Benefits			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E		
BUDGET LINE ITEMS ORIGINAL		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL						RECONCILIATION SECTION (Remaining Funds)									
TOTAL PERSONNEL COSTS		0.00	100.00%	260,289.91	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00
FRINGE BENEFITS		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
TOTAL WAGES		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												% Time in Prog.	Staff Traveling (X)
1	Natalie Ruegger	Public Health Director																
2	Morgan Pierce	MCAH Director																
3	Mondy Rigling	CHVP Manager																
4	Taylor Knecht	CHVP Coordinator																
5	Taylor Knecht	Home Visitor																
6	Vacant	Home Visitor																
7	Sarah Chapin	Program Assistant																
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		

Department/County: 202618 LASSEN
Program Name: California Home Visiting Program (EBHV)
Invoice Number(s): 202618 EBHV Q2
FY and Quarter: FY 2028-29 202618 EBHV Q2

Total amount of requested Title XIX funding:	\$	-
Period(s) of Service:	October - December	

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Natalie Ruegger	Public Health Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
2	Morgan Pierce	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
3	Mondy Rigling	CHVP Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
4	Taylor Knecht	CHVP Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
5	Taylor Knecht	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
6	Vacant	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
7	Sarah Chapin	Program Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
8											
9											
10											
11											
12											
13			\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				10, 11		1, 4, 5, 7		2, 3, 6, 8, 9		12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00		\$0.00		\$0.00		\$0.00	
Title XIX federal funding:						\$0.00		\$0.00		\$0.00	

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling:

\$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by:

sign and print name

Title:

Phone:

Email:

INVOICE SUMMARY

FISCAL YEAR
2028-29

INVOICE #
202618 EBHV Q3

INVOICE PERIOD
January - March

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV			AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

EXPENSE CATEGORY														
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

TOTAL CHVP - EBHV
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00	→	0.00	[50%]	0.00	[25%]	0.00	[75%]	0.00
0.00	→		[50%]	0.00	[50%]	0.00	[75%]	0.00
0.00	→	0.00			[50%]	0.00	[25%]	0.00

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES. AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.	
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE _____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN															
SubK:																	
		CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E					
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*			
(II) OPERATING EXPENSES DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH		
			100.00%	70,032.62	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%		
TOTAL OPERATING EXPENSES			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Match Available		
TRAVEL																	
TRAINING																	
1 Rent																	
2 Utilities																	
3 Office Supplies																	
4 Program Supplies																	
5 Cell Phones																	
6 PAT Affiliate Fees																	
7 Office Equipment																	
8 Visit Tracker Yearly Subscription																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
TOTAL CAPITAL EXPENDITURES														

(IV) OTHER COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH
			100.00%	23,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
TOTAL OTHER COSTS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
SUBCONTRACTS															Match Available
1				0.00		0.00		0.00		0.00		0.00			
2				0.00		0.00		0.00		0.00		0.00			
3				0.00		0.00		0.00		0.00		0.00			
4				0.00		0.00		0.00		0.00		0.00			
5				0.00		0.00		0.00		0.00		0.00			
6				0.00		0.00		0.00		0.00		0.00		0	
7				0.00		0.00		0.00		0.00		0.00		0	
8				0.00		0.00		0.00		0.00		0.00		0	
9				0.00		0.00		0.00		0.00		0.00			
10				0.00		0.00		0.00		0.00		0.00			
11				0.00		0.00		0.00		0.00		0.00			
12				0.00		0.00		0.00		0.00		0.00			
13				0.00		0.00		0.00		0.00		0.00			
14				0.00		0.00		0.00		0.00		0.00			
15				0.00		0.00		0.00		0.00		0.00			
16				0.00		0.00		0.00		0.00		0.00			
17				0.00		0.00		0.00		0.00		0.00			
18				0.00		0.00		0.00		0.00		0.00			
OTHER CHARGES															Match Available
1 Client Support															
2 Advertising/Outreach															
3 PAT Monthly Group Connections															
4															
5															
6															
7															
8															

(V) INDIRECT COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			100.00%	65,072.48	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00		
TOTAL INDIRECT COSTS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
25.00% of Total Wages + Fringe Benefits			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS ORIGINAL		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL						RECONCILIATION SECTION (Remaining Funds)									
TOTAL PERSONNEL COSTS		0.00	100.00%	260,289.91	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00
FRINGE BENEFITS		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
TOTAL WAGES		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES											% Time in Prog.	Staff Traveling (X)
1	Natalie Ruegger	Public Health Director															
2	Morgan Pierce	MCAH Director															
3	Mondy Rigling	CHVP Manager															
4	Taylor Knecht	CHVP Coordinator															
5	Taylor Knecht	Home Visitor															
6	Vacant	Home Visitor															
7	Sarah Chapin	Program Assistant															
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	

Department/County: 202618 LASSEN
Program Name: California Home Visiting Program (EBHV)
Invoice Number(s): 202618 EBHV Q3
FY and Quarter: FY 2028-29 202618 EBHV Q3

Total amount of requested Title XIX funding:	\$	-
Period(s) of Service:	January - March	

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Natalie Ruegger	Public Health Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
2	Morgan Pierce	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
3	Mondy Rigling	CHVP Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
4	Taylor Knecht	CHVP Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
5	Taylor Knecht	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
6	Vacant	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
7	Sarah Chapin	Program Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
8											
9											
10											
11											
12											
13			\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				10, 11		1, 4, 5, 7		2, 3, 6, 8, 9		12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00		\$0.00		\$0.00		\$0.00	
Title XIX federal funding:						\$0.00		\$0.00		\$0.00	

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: \$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by:

Title:

Phone:

Email:

sign and print name

INVOICE SUMMARY	FISCAL YEAR	INVOICE #	INVOICE PERIOD
	2028-29	202618 EBHV Q4	April - June

Version 7.0 - 150 Quarterly 4.10.26

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN													
SubK:														
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

EXPENSE CATEGORY														
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00	
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00	

TOTAL CHVP - EBHV	0.00	→	0.00	[50%]	0.00	[25%]	0.00		
TOTAL TITLE XIX	0.00	→		[50%]	0.00	[50%]	0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→	0.00	[50%]	0.00	[50%]	0.00	[75%]	0.00

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.
FINAL INVOICE Y/N?	
MCAH/PROJECT DIRECTOR'S SIGNATURE	AGENCY FISCAL AGENT'S SIGNATURE
DATE	DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		CHVP - EBHV	AGENCY FUNDS	CHVP-SGF-NE	CHVP-Cnty NE	CHVP-SGF-E	CHVP-Cnty E
PCA Codes		51023		51021	53165	51022	53164
(I) PERSONNEL		0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00	0.00	0.00

Program:		California Home Visiting Program (EBHV)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202618 LASSEN													
SubK:				CHVP - EBHV		AGENCY FUNDS		CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS ORIGINAL		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL			RECONCILIATION SECTION (Remaining Funds)												% PERSONNEL MATCH
TOTAL OPERATING EXPENSES		0.00	100.00%	70,032.62	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
				0.00		0.00		0.00		0.00		0.00		0.00	Match Available
1	TRAVEL														
	TRAINING														
2	Rent														
3	Utilities														
4	Office Supplies														
5	Program Supplies														
6	Cell Phones														
7	PAT Affiliate Fees														
8	Office Equipment														
9	Visit Tracker Yearly Subscription														
10															
11															
12															
13															
14															
15															

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL			RECONCILIATION SECTION (Remaining Funds)														
			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	
TOTAL CAPITAL EXPENDITURES																	

(IV) OTHER COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)														
			100.00%	23,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	% PERSONNEL MATCH
TOTAL OTHER COSTS		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	Match Available
SUBCONTRACTS																	
1				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
9				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
10				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
11				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
12				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
13				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
14				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
15				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
16				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
17				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
18				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
OTHER CHARGES																	Match Available
1	Client Support																
2	Advertising/Outreach																
3	PAT Monthly Group Connections																
4																	
5																	
6																	
7																	
8																	

(V) INDIRECT COSTS DETAIL			RECONCILIATION SECTION (Remaining Funds)														
			100.00%	65,072.48	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	
TOTAL INDIRECT COSTS		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
25.00% of Total Wages + Fringe Benefits		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	

Program:	California Home Visiting Program (EBHV)	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	202618 LASSEN													
SubK:		CHVP - EBHV		AGENCY FUNDS			CHVP-SGF-NE		CHVP-Cnty NE		CHVP-SGF-E		CHVP-Cnty E	
BUDGET LINE ITEMS		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING	%	CHVP - EBHV	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL			RECONCILIATION SECTION (Remaining Funds)											
			100.00%	260,289.91	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL PERSONNEL COSTS		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	FRINGE BENEFITS	0.00		0.00		0.00		0.00		0.00		0.00		0.00
	TOTAL WAGES	0.00		0.00		0.00		0.00		0.00		0.00		0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES												% Time in Prog.	Staff Travelling (K)
1	Natalie Ruegger	Public Health Director																
2	Morgan Pierce	MCAH Director																
3	Mondy Rigling	CHVP Manager																
4	Taylor Knecht	CHVP Coordinator																
5	Taylor Knecht	Home Visitor																
6	Vacant	Home Visitor																
7	Sarah Chapin	Program Assistant																
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		

Department/County: 202618 LASSEN
Program Name: California Home Visiting Program (EBHV)
Invoice Number(s): 202618 EBHV Q4
FY and Quarter: FY 2028-29 202618 EBHV Q4

Total amount of requested Title XIX funding:	\$	-
Period(s) of Service:	April - June	

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Natalie Ruegger	Public Health Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
2	Morgan Pierce	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
3	Mondy Rigling	CHVP Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
4	Taylor Knecht	CHVP Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
5	Taylor Knecht	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
6	Vacant	Home Visitor	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
7	Sarah Chapin	Program Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
8											
9											
10											
11											
12											
13			\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>51023 & 0</u>		PCA Code(s): <u>51021 & 53165</u>		PCA Code(s): <u>51022 & 53164</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 51023 & 0		PCA Code(s): 51021 & 53165		PCA Code(s): 51022 & 53164		Paid Time Off	
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				10, 11		1, 4, 5, 7		2, 3, 6, 8, 9		12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
97											
98											
99											
100											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00		\$0.00		\$0.00		\$0.00	
Title XIX federal funding:						\$0.00		\$0.00		\$0.00	

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling:

\$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by:

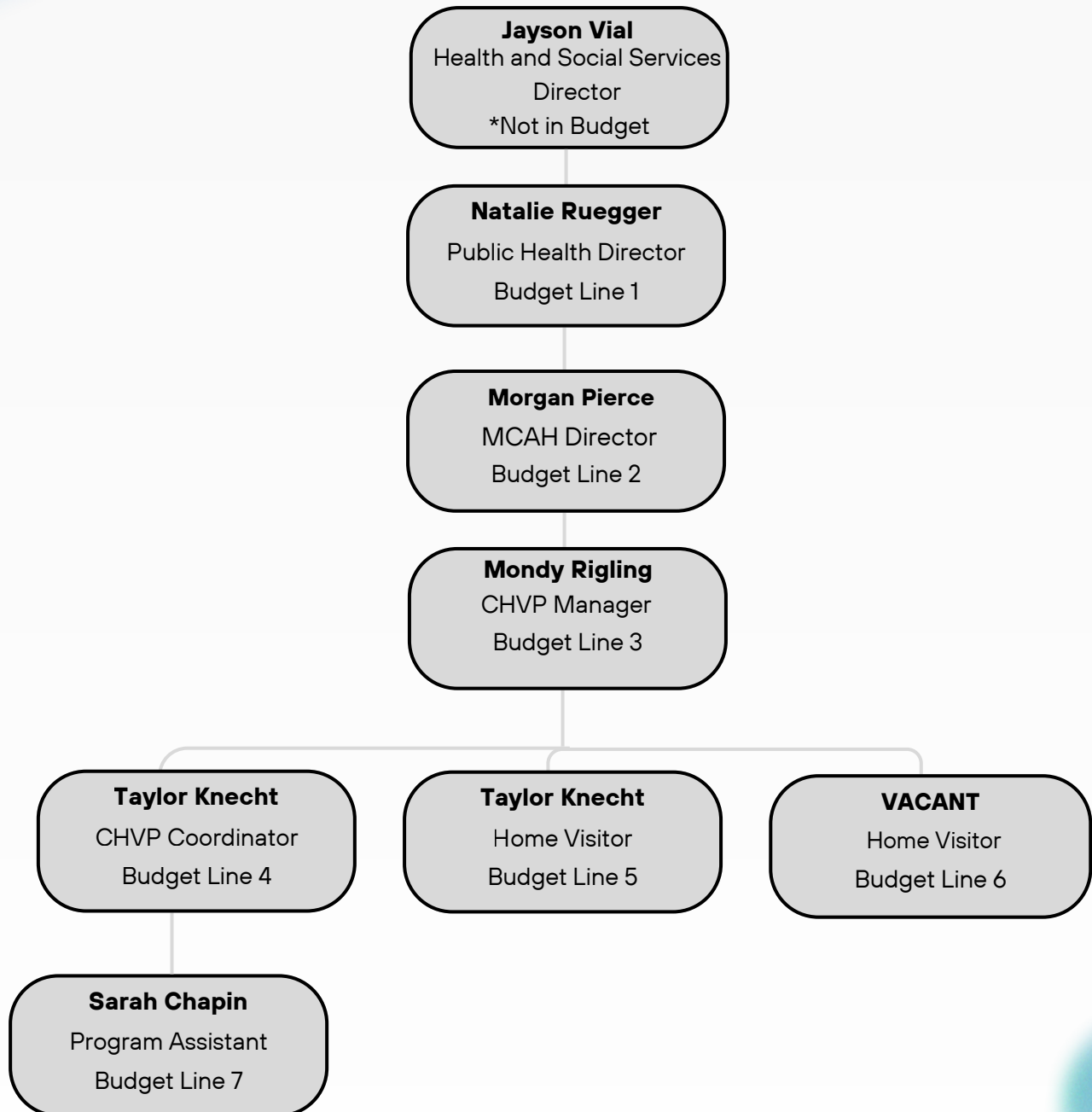
sign and print name

Title:

Phone:

Email:

LASSEN COUNTY PUBLIC HEALTH
202618 EBHV
2026-2029 CHVP ORGANIZATIONAL CHART



Duty Statement

Agreement: 202618 EBHV **Agreement Term:** 2026-2029

Official Agency Name: Lassen County Public Health

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: Program Assistant **Budget Line#(s):** 7

Reports directly to: CHVP Coordinator **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

Focuses on supporting the CHVP Coordinator, Home Visitor, families, and program operations that promote early childhood development and school readiness for the Home Visiting Program.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☐ This position meets criteria for SPMP
	☐ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☒ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☐ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☐ Assisting members on Medi-Cal to access Medi-Cal services.
	☒ FFP Objectives: N/A

Activities to be performed:

Provide administrative support to CHVP Coordinator and program staff.

Schedule home visits, developmental screenings, group connections, and family events.

Contact families to confirm appointments and maintain communication regarding program services.

Maintain accurate and confidential family records in accordance with Parents as Teachers and agency requirements.

Enter and update participant information, attendance records, referrals, and program data in databases and reporting systems.

Assist with family enrollment, intake, and eligibility documentation.

AFA Duty Statement Cont.

Prepare educational materials, activity packets, and resources for home visits and parent group meetings.

Coordinate logistics for parent education workshops, family engagement activities, and community outreach events.

Track program supplies and assist with ordering and inventory management.

Support the collection and organization of data for program reports, grant requirements, and quality assurance reviews.

Help connect families with community resources, including health, education, and social service agencies.

Maintain professional communication with families, community partners, and staff.

Ensure compliance with Parents as Teachers model standards, agency policies, and confidentiality requirements.

Assist with CHVP outreach and recruitment efforts to increase family participation in the program.

Duty Statement

Agreement: 202618 EBHV **Agreement Term:** 2026-2029

Official Agency Name: Lassen County Public Health

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: CHVP Coordinator **Budget Line#(s):** 4

Reports directly to: CHVP Manager **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

The California Home Visiting Program (CHVP) Coordinator supports the core public health functions of assessment, policy development and program implementation by maintaining necessary reports and ensuring services reflect the goals reflected through the PAT (Parents as Teachers) curriculum.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☐ This position meets criteria for SPMP
	☐ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☒ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☐ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☐ Assisting members on Medi-Cal to access Medi-Cal services.
	☒ FFP Objectives: N/A

Activities to be performed:

Attends necessary CHVP meetings and trainings and successfully completes required certifications.

Maintains and monitors data base to ensure data is entered accurately and in a timely manner.

Maintains a strong familiarity with the CHVP referral process and refers clients to appropriate services.

Reports directly to CHVP Manager when appropriate.

AFA Duty Statement Cont.

Identify and interact with local health care providers, key informants, and coalitions to share data that identifies at-risk populations to assess the health needs in the community.

Participates in collaborating with community agency activities promoting the family engagement and CHVP services within the community.

Plans, organizes, and directs programs and services, evaluates results and recommends policies, procedures and action to achieve program goals.

Assist in development of the CHVP budget by preparing cost estimates and projections, and performing ongoing monitoring of expenditures to ensure compliance with budget provisions.

Works collaboratively with personnel of other agencies, community groups, contractors, and other public and private organizations to determine needs for social services, and coordinate shared services or collaborative projects, or the provision of services by contracted agencies.

Participates in an advisory committee that meets at least once every six months (this can be part of a larger committee, community network, or coalition).

Daily completes time studies using appropriate activity/service codes to reflect accurately program time and activities supporting the program.

Oversees caseloads and receives regular reports from Home Visitors.

Assists in CHVP outreach opportunities.

Perform other duties as assigned.

AFA Duty Statement Cont.